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Warm Lunches For Rural Schools

By Jeannette E. Pugh

The PUBLIC HEALTH NURSE

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To All Our Members
A Happy New Year

MAY THE coming year bring you health and happiness and joy in your work and may it bring to our Organization opportunity for greater service and greater achievement.

What of promise does the New Year hold? What cause have we to look ahead with hope and confidence to a year of successful work?

What stands on the debit side of the sheet and what on the credit side? On the debit side we find two important resignations, those of Miss Stevens and Miss Hodgman. These are indeed losses for which it is hard to compensate.

At this time, however, we are glad to announce that Miss Brink has consented to remain with us for a time longer.

Our somewhat lighter purse might be considered a cause for discouragement. Rather let us look at it as a test of our mettle, and perhaps a needed discipline of possibly too soaring ambitions. Out of a more restricted income may come a more sharply cut and effective program.

Turning to the credit side. First we rejoice to be able to announce that Jane Allen comes to us on June first as our director, on a part-time basis until September when her work at Teachers College is finished. We know that this will be good news to all our members, and especially to our far western sisters who perhaps know her best. Born, educated and trained in Illinois, Miss Allen has spent seven years of her professional life in Oregon and in the state of Washington, the last two years in the east. She brings to the National Organization a varied experience, having engaged in county, city, state and university work under the auspices of both voluntary and official agencies and in the fields of organization, supervision and education. In the meanwhile, our destiny lies safely in the hands of our capable acting director, Miss Theresa Kraker and of our staff members, strengthened by the wisdom of our directing adviser, Miss Mary S. Gardner.

Perhaps the most important decision of the year is that general account of stock should be undertaken. In every well conducted business there are periodic inventories, often followed by the scrapping of old stock and the purchase of new. After thirteen years of growth, we are now taking such an inventory. Perhaps we shall find that some of our work is already done, some no longer needed; some too expensive for the results obtained; some deserving greater emphasis. Perhaps there are new things we should be doing; perhaps some of our methods need revision. With rare good fortune we have succeeded in getting Miss Gardner to help us make this inventory. Miss Gardner will study our work from the angle of the board, the staff, the member, the cause we serve.

Now is your opportunity as members to unburden your minds of any suggestions you may have to make. Send them to Miss Gardner, they will be welcome. When we assemble in

Convention at Atlantic City we hope to be ready to report conclusions and make such recommendations to you as will enable us to carry on the organization with renewed vigor and usefulness.

Speaking of the Convention brings me to my third item. Another cause for inspiration and encouragement lies in the help we are expecting to derive from our first participation in our own joint Convention and Health Week Congress to be held in Atlantic City in May, 1926.

To mention briefly some of our endeavors of 1925 now nearing accomplishment:

The Manual of Public Health Nursing procedure and technique almost completed—a long awaited and much needed publication.

The sections on public health nursing prepared by our Organization for the second report of the Committee on Municipal Health Department Practice of the American Public Health Association.

The report of the Census of Public Health Nursing (a general summary of which is printed elsewhere in this number). This will provide us a wealth of hitherto unavailable information.

The steady and gratifying progress we are making toward a sound and dependable income is a source of genuine encouragement.

Bringing this New Year's message to a conclusion, we look hopefully towards the incoming of fresh personalities, ideas and experience on the Board and Executive Committee as a result of the coming elections in May.

And finally casting up our balance (and I have spoken only of the high lights) it would seem that we have every reason for ushering in the New Year with optimism and faith.

ELIZABETH GORDON FOX

"BACKWARD AND FORWARD"

We (following the example of the president) cannot let the first month of the new year go by without a word of reminiscence and forecast. Counting *our* blessings, we take this opportunity of thanking all who have so generously contributed articles, discussions, opinions and advice during the past year. The only way in which it seems possible to express gratitude is to tell our contributors of the warm expressions of appreciation which have come to us from many sources concerning the published material appearing in 1925, either asked for or which came unsought. Gratitude has been defined, we once read, by some unfortunate pessimist as merely a hope of favors to come. Ours is a much finer conception of that noble virtue, but *does*, we confess, include this definition.

Dwelling briefly on our accomplishments, we believe that the series of articles published during the past year on special subjects has contributed to a better understanding of the gropings, developments and problems of the question at issue—no public health subject, so far as we have been able to discover, is without the stimulation of one or several problems. In some, such as the series on the *Amalgamation or Federation of Nursing Services*, merely the possibility of comparison of methods adopted, and compromises effected has proved, we are told, helpful. The contributions to the series on *Problems of Administration of Well Baby Clinics* have been of surprisingly widespread interest. We are hoping to present a summary of these articles by an authority on child welfare in an early number. In rural work, the series, which will be continued, on *Rural Training Centers*, and the one recently begun on *Keeping the Rural Nurse Rural*, have brought out some interesting facts and a record of progress in this important and constantly widening field of public health nursing responsibility.

"Our Adventurers"—from Oregon to an island off the Maine coast, from California to West Virginia, from New Mexico to the Philippines—have given

us some insight into the color, romance and spirit of these hardy and undaunted twentieth century pioneers.

One of our newest series, also to be continued, is that on *Midwifery* here and in other countries, which we hope will help to give our members a picture of the growing recognition of the importance in many of our states of this age-old subject.

The Department of Problems and Policies of Public Health Nursing Services has more than repaid (so we are told) the valiant efforts of contributors and the editor to make this discussion of national problems critical and constructive.

Looking to the future—besides continuing some of the series begun in 1925 we hope to add one on the development of *Programs of Mental Hygiene in Public Health Nursing Services,* and another on the *Development of Nutrition Services,* trying so far as possible to plan discussion on both in the same ordered way as in the Child Welfare Clinics. In an early number we hope to begin some articles on *County Health Units,* and on the development of rural work in general.

We have been able through the kindness of " foreign correspondents " to present during the year to our readers a number of sketches of public health nursing in foreign lands—and hope for more. It is, we think, our duty as well as our pleasure to be informed on the splendid health programs, better in many instances than our own, being developed in other countries. We must no more say " foreign." Since the return of the delegates to the meeting of the International Council of Nurses at Helsingfors, and their reports of the meeting given at state, city and local gatherings of nurses and others interested in nursing, a comprehension of what that remarkable demonstration of professional harmony and unity means to nursing groups throughout the world is permeating through all our country. As Miss Eldredge said at the Mid Atlantic Meeting of the American Nurses Association—speaking of our pledges to the support of the I.C.N.—

> The destinies of our sisters overseas are inextricably intertwined with ours . . . as women and as nurses, we can work with them for peace in a way we can never do alone, and from them we can gain as much as in the widest stretch of our possibilities we are able to give.

In the appeal we make in this number for a group whose misfortunes cannot help touch our hearts, we may with very little sacrifice on our part translate into practical terms our new sense of world sisterhood. Small sums, let us remember, calculated in francs, assume excellent proportions.

Our own hopes for 1926 for all our members lie in this " Prayer."

NEW YEAR'S PRAYER

Written by Samuel Johnson in 1784

O Lord God, heavenly Father,
by whose mercy I am now beginning
another year, grant, I beseech thee
that the time which thou shalt yet allow
me, may be spent in thy fear and
glory, give me such ease of body as
may enable me to be useful, and remove
from me all such scruples and perplexities
as encumber and obstruct my mind, and
help me so to pass by the direction of
thy Holy Spirit through the remaining
part of life that I may be finally
received to everlasting joy through
Jesus Christ, Our Lord,

Amen

Copied from manuscript in the Pierpont Morgan Library Exhibit—shown in the New York Public Library.

WARM LUNCHES FOR RURAL SCHOOLS

By Jeannette E. Pugh, R.N.

"Every Rural School Serve Warm Lunch" was one of the slogans issued by the Wisconsin State Department of Public Health in 1922. As a county nurse I found that only about 18 per cent of the 125 schools in my county had served hot lunch at regular or irregular times the previous year. At the opening of the school term I tried to initiate my project by writing to each teacher and school board member explaining the value of the hot lunch for rural school children, and asking their cooperation in securing it for the school district. As an incentive to the teacher the county health committee awarded special merit to teachers who succeeded in educating their community as to its value.

The transmogrified wash boiler

At the end of the year little progress had been made, in spite of a publicity campaign and the inducement of special merit awards to teachers. Determined to find out the reason for this partial failure, I sent a questionnaire to each teacher asking for her opinion or criticism in regard to the cooking and serving of food in the school room. As a result I secured from my teachers some very frank objections, justifiable and in some cases presenting a decided problem in a particular district.

The objections were as follows:

1. Hot lunch required too much of the teacher's time and attention and energy from her work.
2. Hot lunch required too much of the pupils' time and attention (especially the older pupils who were working for their diplomas) and cut into their play time.
3. Parents objected to their children eating food which came from some homes—thus causing trouble in the district.
4. Equipment (stove, table and cupboard) took too much school room space—an important factor in a crowded school room.
5. It was difficult and impossible at times to choose food that all would eat, hence every child would not have the benefit.
6. It was unsanitary to cook and handle food in the school room.
7. The smell of cooking food made the children inattentive and restless in their school work near lunch time.

My past experience with rural teachers had always been that in spite of their full and complicated program they were very coöperative in carrying on any new health project. Sometime during the year I remembered reading in The Public Health Nurse an article by Mabel S. Stevenson, R.N., who advocated the pint jar method of hot lunch for the rural school. This suggested a method that would answer their objections and as a result at the teachers' annual institute in the following year, and also at the county fair, the new plan was introduced and demonstrated.

Describing the Plan

The new can-method hot lunch outfit consisted of an ordinary wash boiler and two specially made racks containing thirty-two ordinary wide mouthed one-half pint fruit jars. Each of the two racks (made by a local hardware dealer) was divided into sixteen compartments. The lower rack, as seen in the picture, is elevated about two inches from the bottom of the boiler to prevent the jars from touching the water.

Only about an inch of water is used in the boiler. The small amount of water requires less heat to produce steam and also economizes on water —an important feature to most schools.

A child is given his own individual jar and each morning with the rest of his lunch he brings the jar containing previously cooked food, which may have been left over from the dinner the night before or prepared at night or in the morning. Liquid, semi-liquid or solid food may be brought in these jars: vegetables, soups, cocoa, baked beans, combination of potato, meat and gravy, cereal, pudding, raw eggs in water, and even sauerkraut, which when heated proves to be very appetizing and certainly very healthful.

Before school opens the pupil places his jar of food in the racks ready for heating. At ten or eleven o'clock the teacher places the boiler on the stove and steams the food from twenty to thirty minutes. At noon the individual cans of food are quickly distributed by means of a "line-up."

At the end of the first year 43 per cent of the schools had adopted the new method of hot lunch and reports were all very enthusiastic.

After giving the new method a year's trial I was certain of its practicality and success. A third public demonstration was, therefore, staged at the annual school board convention the following September (1924) where about five hundred school board members were assembled. This later demonstration aided the teachers greatly in securing funds directly from school boards for their hot lunch outfits the following year.

The Hour of Lunch

The cost of the complete outfit, boiler, racks and stove, with the best of material, is about $17.00. In the smaller rural schools with an enrollment of fifteen or less the boiler outfit could be replaced by a similar and less expensive equipment consisting of one burner oilstove, two equal sized dishpans and an easily made flat wooden rack to fit the bottom of the pan. This equipment for a small school with the best of material could be purchased for about $8.00.

With the new hot lunch method the teachers were willing to provide hot lunch for a five to nine months period.

At the end of the school year 1924–1925 the total percentage of schools serving hot lunch was 80 per cent.

The advantages of the "Can Method" hot lunch are as follows:

1. Saves the teacher's time.
2. Saves the pupils' school time.
3. Enables individual choice of food.
4. Prevents unsanitary handling of food in the school room.

Distributing Individual Jars

5. Takes up little school room space.
6. Does away with dishwashing and cleaning up.
7. No odor from cooking.
8. Rightly places the responsibility of preparing food on the parents rather than the teacher.

In some schools the pupils were encouraged to prepare their own food by giving them food recipes. I have in mind a particular Norwegian district where the general family diet of the district seemed to lack vegetable content. The teacher of this district purposely gave the pupils recipes which contained vegetables and succeeded in popularizing the use of vegetables to such an extent that the children, and in even some instances the family, learned to like and eat vegetables.

"THE LINE-UP"

Rural teachers do not as a rule have as part of their equipment, running water, liquid soap, paper towels, etc. in their schools—usually provided in city and village schools. Instead they have the little bench with a small wash basin, a common bar of soap and a common towel, the only means provided to keep eight to forty-five pupils clean during the school day.

It will be agreed that the washing of hands in this crude and inadequate fashion is a displeasing procedure and certainly contrary to the best practices of personal hygiene as taught by the teacher.

At the end of the school year 1922-1923, I found only fourteen schools out of 125 in my county really carrying on the daily routine of the washing of hands. In September, 1923, at the teachers annual institute a demonstration of the "line-up" was made with the idea of aiding the rural school teacher to arrange a safer and easier method of routine hygienic practice.

The essential equipment used in the "line-up" was as follows:

1. A ten cent oilcan containing liquid soap (commercially prepared or home-made).
2. Faucet drinking fountain with drain pail or pan (a pitcher may be used where there is no faucet drinking fountain).
3. Paper towels (in small schools individual towels are sometimes used temporarily).
4. A box of toothpicks.
5. Paper napkins.

The teacher, before dismissal at noon, forms a "line-up" and each child goes through the following procedure.

First a sufficient amount of liquid soap is poured into the palms of the pupil's hands from the soap-can. Then, after the hands are well lubricated and softened with the liquid soap, the child passes on and washes his hands in the running water from the faucet fountain which is manipulated by one of the students. After using a paper towel he cleans his finger nails with a toothpick and drops both soiled towel and toothpick in a waste basket nearby. With clean hands and fingernails, he is then ready to take up his paper napkin in one hand and his half pint can of warm, prepared food from the boiler tray with the other before returning to his seat

The paper napkin is then spread over the desk upon which the entire contents of his lunch box is attractively arranged.

Actual experience has shown that an enrollment of forty-five pupils can carry out this procedure in six or seven minutes without any confusion whatsoever.

The warm water from the boiler may be used for washing hands rather than the cold water. A tap can easily be installed. In some schools the old discarded drinking fountain served the purpose, but as a rule the regular drinking fountain was used. It was estimated that about a quart of water for sixteen pupils was a sufficient supply, if the pouring of the water was regulated and not wasted. This is important because of the scarcity of water in some rural districts.

Towels and Soap

The teachers also found that a half sheet of paper toweling was sufficient for drying hands, especially for the younger pupils. Such economy was appreciable by the end of the month. A ten cent box of toothpicks lasted from two to three months, depending upon the size of the particular enrollment. The paper napkins could be purchased in amounts of one hundred for ten cents. The pupils in some schools brought from one cent to three cents each week and this was found to cover the entire expense of the above plan.

At the end of the two years period, out of 125 schools, 110 schools were carrying out daily the "line-up" procedure with much success and interest.

At first it was a little difficult to persuade some school boards to purchase the liquid soap. A home-made formula for liquid soap was finally worked out by one of the teachers, which was very satisfactory and generally used throughout the county. The recipe for her formula is as follows:

One cake of Ivory soap.
About two quarts of water.
Cut the soap up fine and put in a stew pan or kettle, pour in water and allow to heat until the soap is all dissolved. Keep in a cool place so the soap will not sour. The mixture when cool will be thick but may be thinned for use by placing the soap in hot water or on top of the stove a few minutes before the "line-up."

The "Line-up"

POINT OF VIEW OF THE CONTRIBUTING CITIZEN

By Mrs. Churchill Humphrey
President, Public Health Nursing Association, Louisville, Kentucky

This paper was read at a joint session of the Public Health Administration and Public Health Nursing Sections at the annual meeting of the American Public Health Association, St. Louis, Missouri, October 19–22, 1925. The subject under discussion was *Division of Responsibility between Public and Private Agencies for Public Health Nursing Services.*

IT is going to be rather difficult for me to approach this subject purely from the angle of the contributing citizen as I am also a scheming budget-maker, a spender and a solicitor of funds for our Community Chest. So it is understandable if my point of view is sometimes rather blurred around the edges.

The Public Health Nursing Service in Louisville is supported largely by private subscriptions to the Community Chest. Each year we ask the municipal government for a larger sum. We do not always get it—but we ask! We do not want the City to forget that we consider it the duty of the taxpayer to carry a greater share of the burden than he is now doing.

In a health and hospital survey just completed by Dr. Haven Emerson for Louisville, he recommends that the City pay for such work of the Public Health Nursing Association as is definitely of a public health nature. How far we are from that goal may best be illustrated by quoting a councilman, who explained:

> "You want *us* to give you $12,000.00. Why don't you get it from the Community Chest?"
> "They are already supporting us."
> "Well, just ask them for more money."

If he represents an average point of view, the taxpayer is still a long way from a complete understanding of municipal responsibility for public health. Louisville boasts that the per capita cost of our City government is not only less than that of any other American city of its size, but less than the average cost of smaller cities. For health work, 34 cents per capita is spent, instead of the 97 cents which would be average, or a dollar which would be ideal. Our citizens are proud of the low tax rate and can see no cause and effect between it and our high infant mortality rate.

Why Private Agencies Must Continue

The Health Department is underpaid and quite unable to do more than it is now doing. So private agencies must continue to assume responsibility for infant welfare, bedside nursing and prenatal care. There is a clause in our state constitution limiting the salaries of all public officials, except the Governor, to five thousand dollars which, more than any other one thing, holds back the progress of health and education in Kentucky.

The history of public health nursing in Louisville has been a series of efforts to cooperate with our public agencies. We have been ready and willing at all times to supplement a great deal of health work which our Health Department cannot afford to do.

But we are trying now, through a recently organized committee of 100 men and women, to impress upon the municipal government its responsibility for the health and welfare conditions of the community.

Educating the Public Agencies

One of the hardest things about which to educate public agencies is the necessity for well trained, highly paid supervisors. Until municipal health departments are entirely separated from politics, they are much more likely to employ untrained home talent, which necessarily changes every

few years with the political complexion of the administration. We must accept the fact that in many instances public health nursing, which requires skilled supervision, will have to be supported for some years to come by private agencies.

However, there is an experiment being worked out in Memphis which we shall watch with great interest. The City Health Department proposes to do all the public health nursing with a committee of women to act in an advisory capacity. This committee will be divided into sub-committees for each department and ought to prove a successful experiment in cooperation between the public agency and the private citizen.

It is usually disastrous to run too far ahead of the public opinion. We all agree that it is necessary to keep just a little ahead, but it is very difficult to determine the exact point where we must wait and give the public a chance to catch up. Supported as we now are by the Chest, it is necessary constantly to keep the public and the medical profession as well as the contributor informed as to our functions and our needs. We cannot run very far ahead of what the subscriber will give us.

The Federation movement seems to me to be the greatest educative factor for teaching the citizen his responsibility toward public health which we have today. It is educating people to think of social work as a whole, to coordinate their efforts as well as their gifts. It is trying also to teach the contributor not to discriminate between white or black, Protestant, Jewish or Catholic.

Transition Period

We are in a transition stage in the development of social service, where we are endeavoring to conduct our work scientifically, while the contributing citizen has not been educated up to the same attitude of mind. We do not know exactly how to approach the old-fashioned "benevolent individual" to maintain that *sympathy* in giving which is so necessary. But since public health nursing is becoming increasingly specialized, it is harder to reach the contributing citizen through the "personal touch" and the function of the board member is now largely money-raising—selling public health nursing service to the community.

Moreover, it is becoming more difficult to maintain a personal and financial interest in a particular charity when one is solicited for so many others. There is a decided gap between the attitude of mind of the citizen who formerly contributed to a "pet charity" and the attitude of the citizen of today who must be approached from another angle. Even the names have been changed. The "Babies' Milk Fund" and "District Nurses" that once stirred certain memory centers, filled with pictures of starving babies being provided with milk, and sweet faced nurses dispensing medicines and care, are now registered under the cold name of "Public Health Nursing Association." I wonder sometimes if we are not getting just a little too far ahead of our public in this aspect of the scientific development of philanthropy. The average contributing citizen still thinks of social work in terms of relief and it is human of him to do so. Our bureau for classifying complaints has found that all the criticisms are based on cases that applied for relief and supposedly failed to obtain it.

Ultimate Ideal

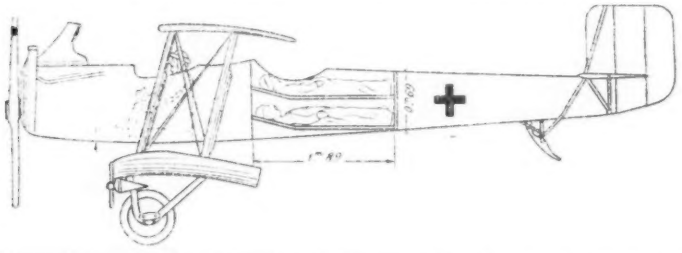
Of course, the ultimate ideal to be obtained is to educate the public up to the point where the average citizen will see that the standard of living of one group cannot go down without dragging the others down. We must reach him through his instinct for self-preservation. He has to a certain extent now learned the danger of tuberculosis to the whole community. Some day he will learn the value of preventive and educational work now done by the public health nursing services which, along with habit clinics and other highly specialized branches of social service, must still be carried by a blanket gift to a federation.

Teaching the Small Giver to Budget

It would be comparatively easy to educate ten large givers to the needs of public health nursing, but we have discovered from an analysis of our last campaign that it was on account of the failure of the small givers that we did not reach our quota. The small giver has not learned to budget his gifts to philanthropy. He shifts the responsibility to the large giver who in turn feels that the taxpayer should be supporting public health work. The large giver is very often willing to carry a health program through its experimental stage. An extremely interesting experiment to reduce maternal and infant mortality was started last spring in the Kentucky mountains by Mrs. Mary Breckenridge. Such a piece of research work must necessarily be started by private funds, at least until it has been demonstrated that mortality can by these methods be combated successfully. At the end of two years we hope to have results that will justify assistance from the state.

I have been speaking, it must be understood, from the biased point of view of a private agency. Specialized social work may sometimes have a narrow effect and there are many instances where public agencies are in a position to develop a larger program.

THE AMBULANCE AIRPLANE



Dr. Chassaing's plan for the First Ambulance Aeroplane, constructed in 1917
From the World's Health

Developed during the later years of the World War, in the face of criticism and discouragement, the flying ambulance has already taken its place as one of the greatest aids in the saving of life, the lessening of the suffering of sick and wounded, and disaster relief. This method of transportation was first utilized by the French army, and has since been adopted in varying degrees in England, Italy, Spain, Sweden, the United States and other countries.

Its peacetime use is being extended rapidly. For almost two years Sweden has operated a hospital ambulance service by airplane covering a region north of the Arctic Circle in Swedish Lapland. The daring of the pilots is as arresting as the success of this service. For the anti-aircraft guns and enemy airplanes of the war are substituted those enemies almost as deadly to the airman, ice, snow, fog, forest, jungle and uncharted ways.

Another proof of the value of the airplane in health work was the control of the influenza epidemic which threatened Fort Yukon, Alaska, and was aborted when a Red Cross public health nurse flew over impassable mountains with medical supplies.

From the ghastly days of lumbering, horse-drawn ambulances, through the era of the motor ambulance with its more humane methods to the flying airplane free from shock or vibration and saving precious hours, the advance is great. Its wartime efficacy is being proven even now by the French who are using this method for the rapid evacuation of the wounded in their warfare with the Riffs.

PUBLIC HEALTH NURSING IN THE INDIAN SERVICE

By Elinor D. Gregg

Supervisor of Field Nurses and Field Matron

SINCE August of last year, the Supervisor of Field Nurses has been studying the varying conditions found among the Indians who are under the supervision of the Federal Government. This study has been preparatory to and coincident with the establishment of public health nurses among the Indians. In order to avoid confusion with the United States Public Health Service the public health nurses in the Indian Service are called visiting field nurses. Though this nomenclature sounds a little superannuated, it conveys to the Indian and those familiar with the Indian Service the duties and function of the public health nurse in our Indian Service work.

Variety of Experience

It is quite impossible to convey the many-sided experience that may be met with by public health nurses in the Indian work. There is the variety of the different tribes of Indians. The slow Colorado River Indian compared to the quick, shrewd Navajo, a born trader, hard to beat in a bargain; or the long-headed, calculating Sioux, a high-handed leader whose prestige may not be threatened, compared to the industrious, thrifty Pueblo Indian of Zuni, Laguna or San Domingo with his simple agricultural and pastoral outlook on life.

Another factor which makes for endless and interesting variety is the degree to which the tribe has accepted white man's medicine, and the superstitions and practices that are still found holding the young people to the ways of the grandparents. In most tribes the grandmother who is still active is the real head of the household. She plans the work, she watches the output, she keeps the purse and what she says, goes. A nurse must always put a lot of hard work into winning the grandmothers and grandfathers to her ideas —otherwise her seed will fall on dry and unresponsive soil. If the grandmother ordains a paste of wood ashes to be applied to the face of a new-born baby, who is a mere nurse or even mother to suggest otherwise? Will they go to a hospital where someone has died? Perhaps, and perhaps not. It depends on so many sub-currents of thought and feelings about ghosts and other magic possibilities.

A mother who has adopted the modern method of carrying her baby

The political independence of the

Indian in all its variety is another factor. Some tribes are still very dependent, others are politically shrewd and have come to understand the advantages and disadvantages of citizenship.

But however one may feel as to the relation to his property and personal rights, his need of an understanding and acceptance of white man's medicine remains an outstanding consideration in the question of his ability to adapt and survive.

Wash Day in a Pueblo

many and various, past and present political conditions of the Indian in

Carrying Water for Household Use

If one has an interest in mental hygiene there are the many questions of changing social and moral values. The separation of the younger generation with their public school education from the older non-English-speaking, conservative generation. A little less than half of the children go to Indian schools where the transition tendencies are a little slower. There is the strain of the undertow of early home habits against school training that must be adjusted. The sensitiveness to ridicule of the Indian is balanced by a charming dignity and love of ceremonial display. These and many other traits make a delightful psychological study. The keen sense of humor, love of a joke and flashing wit are a surprise to most people who accept unchanging facial expression as an evidence of solemn simplicity or even stupidity.

Community Types the Field Nurse Deals With

In attempting to describe the work of the field nurse the different types of community seem to be the out-

standing factor. There are a few tribes where the Indians are practically absorbed into the life of the white people but the larger number of Indians are to be found living in Indian groups separated from, though surrounded by, white people.

The amount of transportation necessary to reach one's objective really settles the day's work as to quantity

The maker of Apache violins

and often as to quality. For instance among the Pueblos in New Mexico and Arizona the community is a compact village, as compact as the tenement. The climate is relatively easy, the people are generally industrious.

The social customs of these villages are very definite. Many of the old religious and medical practices are still extant and powerful in their influence. But the homes are all together—it is easy to know all about each other. One successful case counts a great deal in favor of the nurse. The domestic habits are easily observed, and the group habits are revealed in daily lives of the people. Once the nurse is accepted as a friend nursing skill can be demonstrated even if the germ theory does not sell very easily.

Camp Communities

Another type of community found mostly in the northwest is the camp community. Among white people its counterpart can be found in the Maine, Vermont, New York woods, the Minnesota and Wisconsin lake and forest country, or among the Montana and Wyoming dry land farmers. People living on the edge of living. Among the Indians a dozen families cluster along Corn Creek. There are seventy people living on Lodgepole Creek. Twelve miles away is Big Beaver Camp. The roads are indifferently good or bad according to the severity of the weather. There is a good deal of coming and going. To do a successful day's work you must know the mud holes and the sand pits and the likely snow drifts. You must know when Mrs. Nellie Picket Pin will be visiting her father, Old Red Weasel, so that it would be a waste of time to go three miles around by the dam, and better not to spend the afternoon stuck in the creek. Wait till tomorrow and ask at the Mothers' Meeting where and how long Nellie is staying. Yet there is plenty of community spirit waiting to be organized and led.

Perhaps you start a Home Nursing class or maybe a few lessons in invalid cookery for the mothers. Or maybe you help the school teacher with her parent-teachers meeting. You help old Mrs. Red Weasel to take care of Roscoe who is dying slowly from tuberculosis. You finally find groups naturally associated, with whom progress is possible and the desire for leadership is ready to be awakened and be guided. Compared with those of the village community these people are more difficult, shyer, more ready to escape the burden of your insistence, unwilling to assume responsibility lest it bring too much social pressure.

Keeping Up With the Nomads

The third type, the most difficult, the superlative of pioneer nursing, is the nomadic tribe, the desert Indians who go to the mountains half the year with their flocks, whose existence is framed in the necessity for water and grazing. They follow their herds, two weeks here and then again are on the move, a home for a night and then gone ten miles further. To cope with such conditions means two gas tanks to a Ford, and the constant strain of barely meeting the emergency. They are wild, shy, willing to suffer, appreciative of your kindness, accepting it, but with no thought of obligations in return.

Again the Pioneer

The nurse's opportunity is not with a group, it is only with the individual. She must come to grips with all the practices of medicine men, their herbs, their magic, their cruel massage and sucking out of demons. Skill and theory are put to the test. Beliefs must be proved and seen through.

For the nurse in the Indian Service the problems of professional ethics are simpler than in county work, the resources for medical service are more difficult of access than in most white communities, and the need for health education and preventive medical care overwhelmingly great. The first opportunity to teach preventive care is usually when some restorative care is called for. One does not worry about doing too much bedside nursing because one is only too thankful to be allowed or invited to do any!

Those who are tired of city streets and co-operating agencies, consider these opportunities to pioneer, limitless as the prairie sky. Think of the service needed by these Americans, the strength of the knowledge which you have to give; think of living with the blue horizon, the everlasting hills, with the school, the church and the hospital as helpers.

Discussing health work among the Indians in a letter from New Mexico published in *Hospital Social Service,* Dr. Gertrude E. Light makes this pertinent comment upon the situation:

There is a real work for nursing organizations to do in connection with the standards of nursing in the Bureau of Indian Affairs, and certainly it has been a move in the right direction that the Bureau has recently appointed as Supervisor of the Field Matrons in the service, Miss Elinor Gregg. I have a shrewd suspicion, moreover, that Miss Gregg will need all the backing-up she can get. There is no really good reason why nursing standards which prevail in the city of Washington, for instance, should not prevail in a Bureau conducted by Washington and affecting the lives of gentle and admirable peoples whom we persistently wound and perplex, but who for good or ill are in our hands.

Enlarging upon the need for an improvement in nursing standards, Dr. Light quotes from an address on the "Medical Problems of Our Indian Population," by Frederick L. Hoffman, Consulting Statistician, delivered before the Eastern Association on Indian Affairs:

"Next to a better medical organization there is the utmost necessity for a larger staff of qualified nurses. Such nurses should have a fair measure of familiarity with the Indian language of the tribes to which they are attached, as the older members of the race in many cases are still unfamiliar with even the simplest expressions in English. . . . and the nurses should be exceptionally well qualified."

Speaking of the two nurses recently introduced by the Eastern Association on Indian Affairs to the New Mexican scene, Dr. Light adds enthusiastically:

The sight of Miss Hilda M. George, in a blue uniform with a white collar and cuffs, motoring rapidly after the trachoma in San Juan Pueblo with a Henry Street bag on the back seat, is a delight to the beholder. Miss Elizabeth Duggan has gone to Zuni. Miss Duggan is lucky; Zuni seems to me to be the least penetrated and the most magical of all the New Mexican groups.

THE CASE FOR GENERALIZATION

By Mabelle S. Welsh, R.N.

Paper given at a session on *Organization of and Experience with the Generalized System of Public Health Nursing in Current New York Demonstrations,* at the New York Tuberculosis and Health Conference, November 19, 1925.

Foreword—Whenever we make statements, such as those presented below, we are speaking as individuals. It is difficult to convince *everyone* that we can give proofs. The fact remains, however, that in any measurements that we can make, the generalized administration is shown to be more economical and efficient. We have not been able to show any appreciable difference in the quality of the services rendered. This is where controversy abounds. The technique of the specialized worker *should* be better, but we have not found that it is. If we judge the quality of the work by the effect upon the mother, I believe the odds are in favor of the "generalized" nurse.

I was impressed, at the recent meeting at which this paper was presented, with the frank recognition of the important place of the nurse in all campaigns against tuberculosis. Dr. William Welch said that while there was difference of opinion as to just what effect the anti-tuberculosis societies had had upon the decreased incidence of tuberculosis, he felt that the public health movement, as a whole, had received much impetus through the health propaganda of the associations—but that the greatest contribution to the movement, as he saw it, had been in the evolution of the public health nurse from the old-time district nurse.

Dr. C.-E. A. Winslow said that the reports on generalization had only confirmed all others that he had heard, and that with him the outstanding problem now to be considered is whether bedside care shall be offered by municipal authorities. He stated that he believed that the nearer the educational services were kept to the care of the sick, the more effective were the services.

Whether nursing services shall be generalized or specialized, it seems to me, is tied up with the questions of private and municipal control. Under a non-political administration of health services, there is no reason why one could not expect splendid results. Under the present system, a generalized system might, however, be worse than that which exists. For the private organizations, I can see no real reason for not merging their interests, so far at least as to create joint boards, joint staffs, and unified services. A central nursing headquarters would be dignified and impressive. All sorts of things might be done to perpetuate the contributions of the original founders. I suppose that this change, like others, will come about very gradually in the older communities. Meantime, where old traditions are nonexistent, and in rural districts, the generalization of nursing services goes on apace.

Mabelle S. Welsh

THE demonstration in public health nursing and allied activities in East Harlem* is an indication of the present-day desire for efficiency, economy, and scientific methods, which are needed even more in organizations devoted to human needs than in those which are established for pecuniary profit.

The waste of human labor and natural resources in the industrial world has been strikingly presented by Stuart Chase in his illuminating book "The Tragedy of Waste." One reason which he gives for the enormous yearly wastage is that the methods used in the production and utilization of natural wealth are still those of the pioneer, even though the scientist and engineer have worked out methods which would reduce the waste by 100 per cent and conserve our natural resources for posterity.

The chief reason why we are still discussing the generalization or specialization of public health nursing services, it seems to me, is because we, too, are still following pioneer methods in the administration of these services. This is not to be wondered at when we remember that our pioneers are still engaged in active service, although in

* The East Harlem Nursing and Health Demonstration is administered by the Association for Improving the Condition of the Poor, the Henry Street Visiting Nurse Service, the Maternity Center Association, and the American Red Cross. It is supported by these four associations with a supplementary grant from the Laura Spelman Rockefeller Memorial.

a comparatively short time we have passed through the stages of experimentation and proliferation.

We do not have to persuade the average person that the public health nurse is needed for the care of the sick; that she is an indispensable ally in sickness prevention; or that she plays an important part in health education, whatever may be her primary reason for rendering service in the homes of the community. We have experimented, then, with public health nursing services. They have been pronounced good and have multiplied. We have also progressed markedly in the standardization of such nursing services as the care of the sick, maternity and infant care, tuberculosis nursing, and school nursing. Our pioneers have given us techniques which are available for all nurses. We have reached the stage when we should determine how to use the knowledge which we have, so that it will be most productive of results for the largest number of people.

Studies by Areas

For two and a half years the East Harlem Nursing and Health Demonstration experimented with both types of administration of nursing services. We have studied one area in which a single nurse has carried all services, and a similar area in which six different services have been rendered by different groups of workers. We have measured carefully, over this period, the quantity of work, the comparative cost, and the results obtained as measured by attendance at clinics, classes and clubs, and by the number of remediable defects corrected. We have estimated, as carefully as we could, the effect upon the families and upon the workers. We, who have administered the work, have reached certain definite conclusions and have other concrete facts to present.

First—We have found the generalized administration more economical. More families are reached and more individuals in these families are served, than when the services are rendered by specialized workers.

Second—We have been able to detect no differences in the quality of the services rendered, and believe this to be dependent upon the type of nurse selected, her introduction to the field, and the adequacy of her supervision.

Third—We find that a better balance of interest in the health problems of the separate members of a family group is maintained when one nurse renders all services, than when these services are rendered by a number of workers in a single home, and it seems to us that this is the crux of the whole question. We expect the mother to be intelligently interested in each member of her family. In a well-regulated generalized service the single worker helps the mother to maintain this balance of interest, so that she does not forget the needs of three year old Mary because of her elation over the perfect score made by her brother in the infant group.

From the standpoints then of decreased cost, increased quantity, and, so far as we have been able to judge, no decrease in quality of services rendered, it has been our experience that the generalized type of administration is preferable to the specialized. We are convinced that a better balance in health services can be maintained by generalization than by specialization.

Education is brought to Negro farmers by automobile in Alabama. Tuskegee Institute operates a car, according to information divulged by the Hampton-Tuskegee Endowment Fund, which travels throughout the rural districts, teaching the farmer efficiency and thrift in the production of crops, sanitation, care of stock, up-to-date methods of building and repairing. The women are taught good homemaking and proper care of children.

In one county last year, 10,000 Negroes were reached in two weeks by this "school on wheels." Efforts are being made to penetrate every backward community in the south by this "Mahomet-to-the-mountain" method.—*Opportunity*.

OUR OWN SOUTH SEA ISLANDS

Primitive Conditions on Tiny Islands Off South Carolina Coast

By Edna Davis
County Nurse, Beaufort County, South Carolina

Seventh in the series of "Our Adventurers."

OUR district is composed of a number of islands—the Sea Islands—many of which are inaccessible. One of our greatest difficulties is getting into every part of the county.

In response to numerous requests from Miss Elizabeth to "please visit her school," we sandwiched in a few days to pay her the long-looked-for visit. Bag and baggage, we boarded the little steamer that plies between S—— and B—— three times a week on its winter schedule. The man-of-all-work who had struggled with the heavy scales, school paraphernalia bag, our personal bag and umbrella, uttered a sigh of relief as he unloaded our numerous belongings, and made us comfortable for the trip.

After leaving B——, our first stop was at a neighboring island where a few ladies came aboard, one of whom is to teach a kindergarten class on this island during the coming year. She was very much interested in public health work and requested that her school be included on the county nurse's schedule as soon as possible.

All along the way we passed a great many small islands dotted with lovely palmettos and waving pampas grass. Vast areas of marshy lands sheltered marsh hens and other birds. Many stops are made at islands, some of which have no docks at which to land. Row boats are sent out to meet the passenger boat to transfer freight as well as passengers.

After a ride of about four hours, D—— Island breaks upon our view. The order is given for the boat to stop mid-stream and await the local rowboat. There is much confusion on dock and a voice shouts back that there is a lady who wishes to go to S—— but refuses to go out in the row boat. Thus, to please one of the native islanders, our boat is headed toward the dock, much to the relief of both incoming and outgoing passengers.

A friendly greeting awaits us, such as is found nowhere else except in the South. We are to be entertained by a couple whose daughter is the school teacher. She is at school some little distance across the island, but has made arrangements with one of her friends who owns one of the few cars on the Island, to take the nurse and her equipment out to the school.

We are soon on our way over rough, sandy, crooked roads, winding through groves of pine and oak hedges of thick underbrush.

Arriving at school Miss Elizabeth rushes out to greet us and the pupils,

only eight in number, sit in eager expectation to see just what is to happen to them. By the way, this is the first visit to the school from any outsider other than a passing friend or an occasional parent.

Many tales of what the nurse would do had been told the children at home, and when the first boy was asked to remove his shoes to be weighed, whispers were heard around the room as to what else they would have to take off. Some had the idea that glasses would be fitted and they would be compelled to buy them.

Every child was found to be underweight. Hearing and vision were 100 per cent. The boys all smoked with the exception of two who were just beginning school. As to the use of snuff, not much can be said as several mothers are addicted to its use and the girls will no doubt follow in their steps. Teeth were found to be generally good, but badly in need of cleaning.

Great Expectations

What relief and brightening of faces when the nurse announced that she had finished the inspection. The children had fully expected to be put through some terrible ordeal, judging from the many tales told them by the folks at home. They had lived in a state of excitement and great expectation since the day Miss Elizabeth received the letter announcing that the county nurse would be at their school the following Monday. Two pupils stayed at home to avoid what they considered the great embarrassment of being exposed before the whole school.

From the first sound of the boat's whistle announcing the arrival of the nurse, the whole school was in a state of great excitement. The school bears evidence of excellent training and careful thought in the preparation of the school work from day to day. The walls of the one room building are decorated with posters suggestive of the work done by different classes. On one side of the room hangs a banner won the year before for the best one-teacher school in the county.

Upon inspection of a cabinet, we find a complete first aid equipment, which is frequently used for cuts, bruises, stumped toes and many other complaints.

Outside we find a toilet of the old-fashioned type; a very good woodhouse with lock and key, in which are housed two cords of pine, two of oak and one cord of fatwood, ready for the winter days. Classes took turns racing around outside to keep warm. In one side of the yard we find a large hole being dug and are told that the boys do this at odd times, so that when spring comes they will have a place to take a swim. These will be the only times most of them will get a full bath. From this fact, one can readily judge from what homes these children come.

A visit to several of these homes in the afternoon reveals many facts which are almost unbelievable. Our first visit to one of the best homes finds the mother and one of two boys out gathering wood. The daughter-in-law is milking the cow, and we hear many calls from the pigs, cows and horses for their evening meal. The father works away from home, spending only Sundays with the family, leaving the burden of the farm upon the mother who labors hard to keep the boy in school.

There are several homes to be visited so we hurry on that we may get to see each of the mothers for some personal service regarding the defects among their children. Each mother is invited to visit the school next day at which time the health work is to be more fully explained, after which a picnic lunch is to be served by the teacher.

It is getting late and still one home at a distance is to be reached. In this home there are eight children, ranging from seven years of age to about twenty-one. Five of these are attending school. We reach the home just as the evening meal is over and the five children are getting cross and sleepy. One health rule strictly kept in this home is "early to bed." The command is given to wash and get to bed. The common wash basin, soap

and rag are brought in and placed before the one fire in the home, around which the family and visitors are sitting.

Each child takes his turn putting his feet into the basin, rubbing them against each other and finally drying them on the wash cloth. Feet are given the only consideration, nothing else seems to matter. As the child steps aside, another takes his place, splashing his feet in the same water, and going through the same routine. The youngest is taken in his father's arms, and carried away to bed, sleeping in the same clothes worn all day.

A Young Fireman and His Duties

It has been the custom in this home that as soon as a child reaches the age of about fourteen or fifteen, it becomes his duty to make the fire in the kitchen stove soon after the peep of dawn. Coffee was made and served in bed to every member of the family, young and old alike. After this the young fireman would curl up behind the kitchen stove for another nap. About the time the fire burned out in the stove he would arouse himself, build it up again and get the children out of bed for school. If the mother is not inclined to get up to prepare breakfast, the children frequently go to school with nothing but the coffee served in bed. If lunch is ever taken to school it consists of a piece of cornbread sandwiched with "cracklins" or fried meat.

What can one expect from children coming from a home such as this, sent out into a frosty morning with very little nourishment and frequently thinly clad, barefooted, without coats?

The next day at school, the mother from this home is present. The work of the county nurse is carefully explained and advice given about the correction of the defects found among the pupils. Literature is sent each mother via the children and suitable pamphlets are given for their use.

The best is yet in store for the children, that picnic lunch, prepared and furnished by Miss Elizabeth. Desks and chairs are moved to the porch in the sunshine, and each child is given a place to be seated while the others unpack the lunch. We find paper napkins, plates, forks, and drinking cups for the table. Then there are peanut sandwiches, potato salad, crackers, cakes, canned peaches and lemonade. Never do these hungry little fellows enjoy such delicacies except on such an occasion when Miss Elizabeth gives them a picnic or a party. Seldom, if ever, is there an expression of gratitude even from the parents, but one is fully repaid by their enjoyment of the lunch. In most homes there is milk, but the children are not encouraged to drink it, and instead they are given coffee.

We bid the children good-bye with a promise to return later during the school term, and pack our bags to start homeward. We welcome the boat which is to take us back to a little more civilized land, and breathe a prayer of thanksgiving for the blessings around us.

The Breakers Hotel will be headquarters for the N.O.P.H.N. during the American Health Congress in Atlantic City, May 17–22, 1926.

"KEEPING THE RURAL NURSE RURAL"

This is the second of the replies to the questions raised in the abstract of Dr. George Thomas Palmer's article on this subject printed in the October number.

I cannot resist commenting on "Keeping the Rural Nurse Rural." I believe I can speak with some authority because I have been a rural nurse and am now in close contact with rural nurses. I know what would have tempted me most strongly to stay in my county, what possibly will take me back to rural work, and what would have compelled me to leave the county which I was not ready to leave at the end of two years.

First may I answer a few of Dr. Palmer's statements?

There are communities which still expect the nurse to carry out an "unsound, unbalanced, sentimental, or stupid program." However, there are enough communities wanting constructive health work so that no qualified public health nurse needs to go to such a community. I believe I am safe in saying that such programs are only where nurses without preparation for public health work are employed.

Usually the problem of "meddlesome supervision," survives only where the nurse is not thoroughly familiar with her own job, or occasionally where she is in the wrong community, even though she may be fitted for some phase of public health work.

The "question of the Ford" is being answered satisfactorily in many communities where the nurse owns her own car and is paid either mileage or a flat rate sufficient to cover normal upkeep and depreciation.

One outstanding need must be met through effort of those outside the local community—that of planning more frequent opportunities for contact with other nurses and other fields of public health work. This need is one we may reasonably expect will be met in many states within the next few years.

Recognizing the Pioneer Element

Rural work must be recognized as pioneer work. Not all desirable citizens fitted into the task of opening up new sections of our country in pioneer days. Just so, not all really fine public health nurses fit into rural work. Some people thrive on the difficulties incident to breaking new paths. There are others, equally valuable, who cannot endure the same kind of difficulties (though they may be able to meet other types of difficulties better than can the pioneer).

Rural work should not be considered a beginner's job. It requires the same understanding of public health work and organizing ability that is needed for any successful administrative work in the field of public health.

Strange as it may seem to the city bred, there actually are individuals who really like rural life. The loneliness, the noise and confusion, the absence of the great out of doors, are as hard for them to endure in a city, as are the loneliness, the lack of amusement, the lack of convenience, to the lover of city life who is "exiled" to the country.

But the person who lives in a small town must be part of it to be happy there. A feeling of superiority unexpressed even to herself, will keep the nurse an outsider. The very nature of a rural nurse's work brings her into contact with the best educated, most intelligent and most progressive people of the community. Her own attitude is the most important factor in determining what friends she makes.

Keeping a Vision

If we want to keep the rural nurse rural, we shall have to start with a nurse who knows and loves rural life; one who has the background of training and experience which would qualify her for a position as supervisor

on a city staff; one who has the pioneer spirit. She must be able to endure misunderstanding, criticism and various other things which no one enjoys, to profit by the criticism when it is justified even in part. Such things cannot be avoided in breaking new paths. But the real pioneer accepts them for what they are—merely incidents in the day's work, of no more consequence than clearing the underbrush was to the early settlers.

Last but not least, she must have the vision of possibilities in the community where she happens to be—the same kind of vision that helped early settlers to picture broad fields of grain where there were only forests or endless prairies. With such a vision she will have the courage to stick through discouragements and disappointments and the faith to wait for results.

Any other kind of nurse either will not stay in a rural position working alone, or she will stay and get into such a rut that neither she nor the community realizes the needs that are not being met.

Staying Rural

Given the kind of nurse described, the problem is not one of keeping her rural but of giving her opportunity to follow her own inclination to stay rural. Unfortunately, there is, and no doubt there always will be, a limited supply of such nurses. Once a nurse shows she belongs in that class, she is urged to enter some "larger" field. And she usually goes—not always because she wants to but because growth and development are life to her—just another evidence of that spirit which would not allow many of our ancestors to enjoy the comforts of the land they had conquered but forced them on into unexplored territory.

Rural health work does not lack just the sort of opportunities that would appeal most to such a spirit. A recent analysis of public health nursing in Indiana does show, I believe, why the appeal is not made. Twenty-three of the forty-seven counties in which public health nurses were working September 30, 1925, had only one public health nursing service—seven for city work only, sixteen for county work. In the remaining twenty-four counties, there were all the way from two to twenty-six distinct public health nursing services, each employing its own nurse or staff of nurses. Needless to say, few of the positions in any of these counties can pay a salary or offer the opportunity for development which could hold for long the type of nurse needed in rural work.

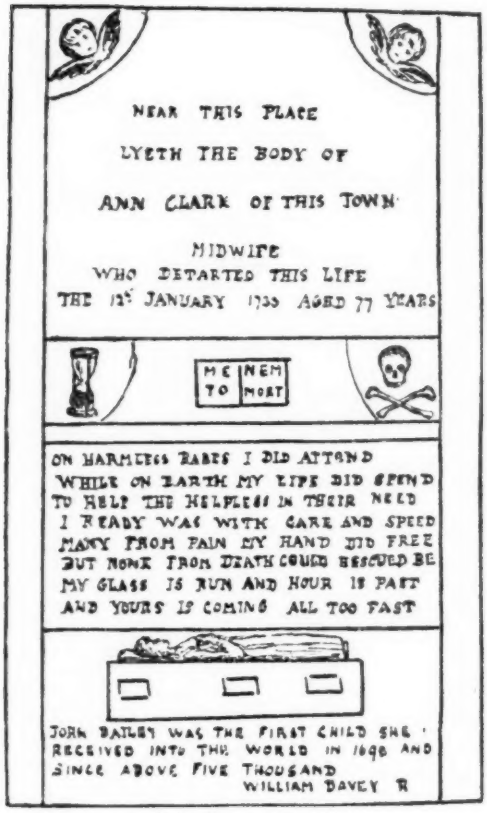
Opportunity for Development

We need full time health officers in Indiana and public health work cannot reach its highest development until we have them. It probably is true that nurses who would become utterly discouraged working alone do stay longer where they can be part of a health unit.

But full time health officers will not solve our problem of keeping rural the kind of nurses we need in many Indiana positions. Even the best of health officers are not public health nurses and cannot take the responsibility for developing public health nursing, though the health officer does have it in his power to give or withhold opportunity for such development. Only where there is a public health nurse who has the preparation and ability, together with freedom to develop her own field, can any phase of public health nursing most nearly approach the ideal.

The solution lies not primarily with the individual nurse or the local community, but with those groups and individuals responsible for creating interest in public health nursing and for directing the development of health work. There will be no change in our problem of "Keeping the Rural Nurse Rural" until those groups and individuals see the need of working together more closely and helping each community develop a sound; broad constructive health program on a permanent basis.

ISABEL E. GLOVER,
Director of Department of Public Health Nursing, Indiana State Board of Health.



A Tribute of 1733

Even fifteen years ago—and the lapse of time is emphasized by advertisements of an imposing "combination cycling cloak and cape," and nurses uniforms and aprons which sweep the floor majestically—a Midwives Bill, founded on the report of the committee appointed to consider the workings of the Midwives Act of 1902, was before the English House of Lords and destined for hearing in the Commons later.

Reporting the provisions of the bill, which provided for the strictest sort of supervision, the *Queen's Nurses Magazine* for October, 1910, from which we are reproducing this unique tribute to a midwife of the seventeenth century, explains that the number of members of the Central Midwives Board is increased from nine to thirteen. This would permit the presence on the board of representatives of the Local Government Board, the Association of Municipal Corporations, the Society of Medical Officers of Health, and the British Medical Association, hitherto not represented. It was stipulated that the member appointed by the British Medical Association must be a medical practitioner.

Representatives on the Board, of the Incorporated Midwives Institute and the Royal British Nurses Association, were to be certified midwives. This had not been previously required of the latter organization.

Every certified midwife was to be required to send her name and address and a fee of one shilling to the Board before January 31; otherwise her name was to be removed from the roll and her certificate cancelled, and she would have to pay a fee not exceeding five shillings to be restored to grace.

The Board and, in certain circumstances, the local supervising authority, were to have power to suspend from practice (until the case brought against her had been decided) any midwife accused of disobeying regulations or of other misconduct, but if the case was decided in her favor the Board or the local authority by which she was suspended might (not *must*) pay her compensation for the loss of practice; the Board might also, if they thought fit, pay the expenses she had incurred in appearing before them in her own defense.

Any woman whose name was removed from the roll was required to render her certificate to the Board within a fortnight, or be subject to a fine of five pounds. The Board was required to give notice of the fact to all local authorities concerned when a midwife's name had been removed from the roll.

A COUNTY MIDWIFE CLASS

The following is an illustration of the work in one county, where a nurse has begun a course of instruction for midwives.

In beginning the Public Health Nursing Service in Travis County, Texas, a general health survey was made. One distressing discovery was that only 58 per

Group of midwives with the county nurse of Travis County

cent of the births in the county were registered, showing that we must have many midwives, as the doctors were prompt in recording the births they attended.

The search for midwives was interesting; some were fearful and gave fictitious names, some were employed as cooks, but had midwifery as a " side line " or " night line." One was found at home, too old to do other work, but would do " Granny work," if a horse and buggy was sent for her, as it was bad luck if she went any other way. The most popular midwives are the " spirit doctors." These women say they were called into the service by the Lord. The " service " they give is praying and shouting during the time of confinement to the spirit of punishment or revenge. Others said their mother was the best midwife in the country, and upon her death it was her will that they must take her place.

The result of the first week's " round up " was the enrollment of twenty-five into a class. Most of them wore dirty clothes and did not show any sign of personal cleanliness. Seventy-five per cent of the women could not read or write. Only two were reporting births. Not one knew how to use silver nitrate in the babies' eyes. The mother was never given any after-care. The midwives believed if she were bathed before a week after confinement, it would cause puerperal fever. " Dimes tied around the mother's ankles will keep her well," was one of their expressions. Sore eyes in the infants was treated by applying mother's milk. A bag of ants, wood ticks or a necklace of some animal's teeth placed around the baby's neck will keep away certain diseases.

At the first class we gave a talk on personal cleanliness. At the second class, we noted marked improvement. At the third class one wore a blue uniform, with white apron and cap. Now many are wearing uniforms; they even want to wear them on the street.

Classes are held at the nurse's office, every Saturday. After attending the course, which consists of ten lectures, each midwife is given an oral examination and must pass a physical examination by a physician, including a Wassermann test.

Those who are permitted to continue to practice must purchase a regulation midwife bag, furnished at cost by the State board of Health.

Once a month, every midwife must report to class to bring her monthly reports and birth certificates. This meeting also consists of a general review and a lecture by one of the local doctors.

During the nine months since the class was organized, the enrollment has increased from twenty-five to one hundred midwives.

CENSUS OF PUBLIC HEALTH NURSING IN THE UNITED STATES—1924

Exclusive of Hospital Social Service, Dispensary, and Industrial Nursing

By Louise M. Tattershall
Statistician, N.O.P.H.N.

THE first count of public health nursing in the United States as of a definite date is complete. On January 1, 1924, there were 3,267 organizations throughout the United States, employing public health nurses and 11,152 full-time graduate nurses doing public health nursing. Hospital social service, dispensary, and industrial nursing in so far as they are phases of public health nursing are not included in the census just completed.

This is not, however, the first report of the number of organizations in the United States which employed public health nurses, and the number of public health nurses.

In 1909 Miss Yssabella G. Waters, in her book *Visiting Nursing in the United States,* stated that at this time there were 566 associations employing 1,413 nurses, all types of public health nursing being included. Through correspondence her information about public health nursing was kept up to date and added to as knowledge of the forming of new associations for public health nursing was received.

In 1922 Miss Waters turned over to the N.O.P.H.N. all the information she had gathered. A study was made of the information in the files of the N.O.P.H.N. regarding public health nursing. It was estimated then (1922) that there were some 4,000 organizations in the United States employing public health nurses, and approximately 12,000 public health nurses. This count included *all* phases of public health nursing, that is hospital social service, dispensary, and industrial nursing, which are not included in the present count.

For a time Miss Waters' plan of keeping the information about public health nursing up to date was followed. With the very large number of organizations on file this became an impossible task and a new method of securing the information was imperative. It was proposed that a census, as of a definite date, similar to the decennial census of the United States population, be taken of public health nursing. It was obviously out of the question to use the enumeration method of the United States census and send out trained agents to gather the information, so a method similar to that used by the Federal and State Governments in gathering information about incomes was devised. A questionnaire should be sent to all organizations doing public health nursing and the organization itself be asked to give the information desired. As in the case of the Federal Income Tax a set of instructions regarding the answering of each question should go with each blank.

Choosing Representatives

To facilitate the gathering of the information and insure that it was complete and accurate, a person should be chosen to act as Census Representative for each state and city of 200,000 or more population. The Census Representative, first to compile a list of all organizations in her territory doing public health nursing on the date decided for the census. Then, to send to each organization on her list a census blank and instructions, and be responsible for seeing that filled-in blanks were returned by all the organizations. The filled-in blanks to be forwarded to the statistical service of the N.O.P.H.N. for tabulation and making of the report. All necessary materials for the work to be furnished to the Census Representatives by the N.O.P.H.N.

It was decided that the date of the census should be January 1, 1924. Because of difficulties in getting information about all phases of public health nursing, it was considered best to exclude hospital social service, dispensary and industrial nursing. These particular phases of public health nursing will be the basis of a supplementary census at another time.

The plan of taking the census as outlined was followed except in minor details. The first census blanks were sent out in March, 1924, to Connecticut, Indiana and Michigan.

Information has been received from all the organizations as listed by the Census Representative except in the case of New Jersey.* This does not mean that every organization receiving a census form, returned the filled-in form, for a number did not. However, information was secured through

CENSUS OF PUBLIC HEALTH NURSING IN UNITED STATES

Exclusive of Hospital Social Service, Dispensary, and Industrial Nursing

January 1, 1924

GENERAL SUMMARY

	Number of organizations	Number of full-time graduate nurses
I. DISTRIBUTION OF ORGANIZATIONS		
The United States	3,267	11,152
Classified according to type of administration:		
National organizations		
Official administration	3	422*
Non-official administration	4	63
State organizations	..	..
The states	3,260	10,667
Official administration	59	537
Non-official administration	19	32
Local organizations	3,182	10,098
Official administration:		
Boards of health	515	3,169
Boards of education	821	1,772
Other official boards	229	415
Joint administration, two or more official boards	38	46
Non-official administration:		
Public health nursing associations or similar organizations	398	2,516
American Red Cross chapters and branches	473	574
Tuberculosis associations	128	227
Public health associations	103	125
Metropolitan Life Insurance Company services	181	258
Other non-official organizations	242	929
Joint administration, two or more non-official organizations	24	30
Joint official and non-official administration	30	37
Classified according to size of staff:		
Organizations with one nurse	2,320†	2,298†
Organizations with two or more nurses:		
With two to nine nurses	774	2,617
With ten or more nurses	173	6,237

II. DISTRIBUTION OF NURSES	
Classified by nature of activity:	
Number giving indirect care	879
Number giving direct care	10,273
Classified by color:	
Number of white nurses	10,781
Number of negro nurses	368
Number of Indian nurses	3
III. COUNTY SUMMARY	
Number of counties in the United States	3,045‡
Number of counties in which a local nursing service is available for entire area	867
Number of counties in which a local nursing service is available for part of the area	379
Number of counties without a local nursing service	1,799

* 406 nurses under Veterans' Bureau are allocated to individual states and are counted in the totals for each state. See state reports, "Federal Organizations." One nurse under the United States Department of Interior, Bureau of Indian Affairs, allocated to Oregon and counted in the totals for Oregon. See Oregon state report, "Federal Organizations."

† One or more organizations temporarily without a nurse or nurses.

‡ For purposes of comparison 20 independent cities in Virginia are included in the counties, in which they are located.

* No information has been received from 6 organizations in New Jersey and this number of organizations is not included in the total for the United States.

other channels about the organizations not making returns. That so complete information has been secured is due entirely to the Census Representatives. All of them busy with full-time positions gave of their spare time to make this first census of public health nursing a success.

THE CENSUS—JANUARY 1, 1924

The foregoing table gives a general summary of public health nursing in the United States exclusive of hospital social service, dispensary, and industrial nursing on January 1, 1924. The organizations have been classified by administration as shown by the name given on the census form, in answer to the question: "Legal name of organization." There are three main classes of administration: *national, state, and local.*

Under national and state administration are given those administered by official boards—that is, by departments or boards under the federal or state governments, and those administered by non-official boards, as the American Red Cross, Tuberculosis Association, or other private agency. The organizations under local administration are classified by name under three main headings: official administration, non-official administration, and joint official and non-official administration.

Distribution of Organization by Type of Administration

All told, on January 1, 1924, there were 3,267 organizations employing public health nurses, and 11,152 full-time graduate nurses employed as public health nurses.

Seven of these organizations and 485 public health nurses were under national administrations; 3 organizations being under official administration and 4 organizations under non-official administration.

Of these 485 nurses 78 were engaged in an advisory capacity, or supervising the work of other public health nurses.

The remaining 407 nurses were engaged in giving direct care to patients, 406 being under the United States Veterans' Bureau and one under the United States Bureau of Indian Affairs.

These nurses are allocated to the individual states where they were doing public health nursing on January 1, 1924, and are counted in the total number of nurses for each of the states.* This leaves 3,260 organizations and 10,667 full-time graduate nurses doing public health nursing in the individual states.

Turning to the organizations and nurses engaged in public health nursing under local state administration:

1,662 organizations or 51% were under official administration, that is, administered either by a board under the state governments or by one under the local governments. The total number of nurses employed by these organizations was 5,939 or 55.7% of the total.

1,568 oganizations or 48.1% were under non-official administration. The number of nurses employed by these organizations under local non-official administration was 4,691 or 44%.

Thirty organizations were administered by boards made up of official and non-official groups and they employed 37 public health nurses. They constitute .9 per cent of the total number of organizations and .3 per cent of the total number of nurses.

If we allocate to the states the 407 nurses under national official administration, we will have a total of 11,074 nurses engaged in public health nursing in the states:

6,346 nurses or 57.3% of the total number were under official administration

4,691 nurses or 42.4% under non-official administration

37 nurses or .3% under joint official and non-official administration.

Distribution of Organizations by Size of Staff

Classifying the organizations by number of nurses on the staff of each organization, we have:

2,320 organizations which employed but one nurse. As some of these organizations were temporarily without a nurse on the date of the census only 2,298 nurses were employed by them.

* See Federal Organizations under State Reports. To be published in February magazine.

774 organizations with a staff of 2 to 9 nurses employed 2,617 nurses.
173 organizations with staffs of 10 or more nurses employed 6,237 nurses.

It is interesting to note that while 71 per cent of the total number of organizations were those that employed but one nurse, they employed only 20.6 per cent of the total number of nurses, while 5.1 per cent of the total number of organizations, those employing 10 or more nurses, employed 55.8 per cent of the total number of nurses. These comparatively few organizations with large staffs were located in the larger cities.

Distribution of Nurses by Type of Service

Considering the total number of public health nurses from point of view of the type of nursing service we find:

879 nurses gave indirect care to patients
10,273 gave direct care to patients.

Under the heading of nurses giving indirect care to patients, are classified those giving an advisory service, as the state advisory nurses, the nurses on the staff of the N.O.P.H.N., those who acted as directors of organizations and those who supervised the work of other nurses.

Taking the total for the United States there was one nurse giving indirect care to patients, to every 12 nurses giving direct care to patients.

The distribution of nurses by color was as follows:

10,781 white nurses
368 negro nurses
3 Indian nurses.

County Summary

What remains to be done in extending public health nursing throughout the United States is indicated in the County Summary. Out of a total of 3,045 counties in the United States there were:

1,799 counties or 59 per cent of the total number without a local public health nursing service
867 counties or 28.5 per cent had one or more local nursing services that were available to the entire county
379 counties or 12.4 per cent of the total number had local nursing services available for part of the county.

This is a quantitative rather than a qualitative report of public health nursing.

Summary reports for the individual states similar to this one will be published in the February magazine. These state reports are grouped by geographical divisions of the United States.

AT SUNRISE—TOIVO KUULA.

Sung by the Suomen Laulu Choir at the Congress in Helsingfors

I saw, oh my soul, the sun rising high
Over the streets and roofs of the stony town,
Over the lies of centuries and the hour's pain
It shed its light.

I saw, oh my soul, the blessedness of mortal life,
Like a vast temple it rose before thee,
Under its vaults the silent devotion of ages,
The spirit of the master.

I saw, oh my soul, the great clearness even at night,
Peace and joy in the pain of the dark hours,
Bright midst the lies of centuries, the lies of life,
An eternal certainty.

—V. A. Koskenniemi.

MIDDLE ATLANTIC DIVISION—A. N. A.

The newly organized Middle Atlantic Division of the American Nurses Association had a very successful biennial meeting December 3 and 4 in Washington, D. C. An excellent program was provided, with Mrs. Anne L. Hansen, President of the Division, in the chair.

The states participating—Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania—presented reports of their state activities.

Round Tables—that now popular form of general discussion—were arranged for the afternoon meetings. We hope to be able to print a summary of the profitable one conducted by Miss Nan Dorsey on Visiting Nurse Problems.

The general program included the following speakers:

Recent Development in Nursing Education—Miss Isabel M. Stewart
Survey of Public Health—Dr. Hugh S. Cumming, Surgeon General of the U. S. Public Health Service
New Demands on the Nurse—Miss Grace Abbott, Chief, Children's Bureau
National and International Problems of Nursing—Miss Adda Eldredge
Mental Health—Dr. Loren B. Johnson
Some Reasons for Including Instruction in the Nursing of Mental Diseases in the Curriculum—Miss Harriet Bailey, R.N.
Mental Hygiene in Crime Prevention—Dr. William A. White

At the concluding banquet:

The Nurse a Citizen—Miss Annie W. Goodrich
The Layman's Responsibility in an Adequate Program for City Health—Dr. Haven Emerson

Public health, as we are all realizing, is merely an aggregate of private health. Public health nursing in the long run means *all* nursing and was, as we see, well represented in these meetings.

Miss Noyes in her gracious address of welcome traced the development of the growth of organization of American nurses, and asked whether this growth could be considered indicative of real progress—leaving that elusive question to be answered by the audience.

Miss Isabel Stewart brought out many points to which all nurses, for more years than we are yet able to contemplate, must give thought and action—the stubbornness of our problems; the long way we must yet travel before "an assured professional standing" is ours; the fact that the same conditions exist in other countries, tying us to them in the bonds of a common endeavor; new, interesting but often entangling phases of work, especially those developing with the spread of the knowledge of social service and preventive medicine. Also the many points of encouragement: our closer association with and understanding of each other's problems here and abroad, the missionary and "revolutionist spirit" which is as active now as when Florence Nightingale raised her banner, and the appearance of those stars on our horizon—the University Schools in England, China, Canada and the United States.

The session devoted to Mental Health, with Dr. Loren B. Johnson presiding, was of great interest. Miss Bailey's fine plea that "psychic facts must be accepted with the same seriousness as physical facts," and knowledge about them be widespread and intelligent, was worth hearing.

Dr. William A. White spoke of the slowly developing recognition that the old penal system for crime prevention with its stupidities and cruelties is breaking down, society can no longer tolerate dealing with a 20th century problem with 18th century tools.

The real hope for criminals—who almost invariably are "end products"—is in a preventive program applied early in their life history just as is being done in mental hygiene. This program must include consideration of

many things, economic conditions, housing, family and school conditions, and many other social contacts. A costly and extensive program, but socially highly remunerative and by no means hopeless to attain if we wish to have what is known as "civilization." In an intelligent dealing with the problem of the criminal we get back, as we are learning to do in most points of social attack, to the child as occupying the place of supreme importance in the scheme of civilization. We must learn to recognize the danger signals in the child of five or six, and what is possible of modification during this plastic age. Prisons should be changed into behavioristic laboratories, and win the public confidence.

Miss Eldredge in her admirable talk on National and International Problems of Nursing pleaded for an increased recognition of the value of "solidarity" and painted an alluring vision of the A.N.A. of the future, a body of thoroughly united women. Miss Eldredge spoke also very movingly on the meeting of the International Council of Nurses with its world wide spirit of comradeship, and of the practical results which have followed in the creation of an International Headquarters. She explained the promises made at Helsingfors of support and of the international projects to be undertaken by the secretary, Miss Reimann, such as, preparation of pamphlets on the nursing situation of (in the course of time) each country; a list of foreign schools and the I.C.N. magazine—each project of as great importance to American as to foreign nurses—and besought faithful and generous help from each individual in "the most fortunate group of nurses in the world."

In our next number we hope to print an abstract of Miss Grace Abbott's generous and inspiring speech.

The concluding banquet, at which Major Julia Stimson presided, with speeches by Miss Goodrich on *The Nurse as a Citizen*, and by Dr. Haven Emerson on the *Modern Patient—A Health Family* (not at all the title presented on the program), made a pleasant occasion in which the speakers vied in quips and quirks directed at each other, the lay members in the audience and the poor long suffering professions of medicine and nursing—yes, we bravely link them even as the speakers did.

Dr. Emerson condemned to the uttermost depths of perdition "the blight of organization, coöperation, standards and systems which threaten to strangle and kill the spirit of perfect devotion which has kept alive the beauty of healing as an art worthy of the best in men and women" and spoke with the voice of a prophet on "the new practices of the art and science of medicine, a devotion to Hygeia rather than to her sister Panacea." Fifty years from now—perhaps sooner—all that Dr. Emerson cries from the housetops to many unheeding ears will probably be accepted commonplaces of daily life. In 1926 they are still sufficiently novel to be dramatic. Miss Goodrich also, with her thoughts playing lambently on dreams of the future, roused her audience to that enthusiasm over the possibilities and responsibilities of the profession of nursing—and their demands for the tools necessary for these responsibilities—which preëminently she has the power of doing.

A delightful event of this meeting could of course happen in no other place than in beautiful Washington—a reception at the White House. Mrs. Coolidge was the most gracious of hostesses, and the White House itself, that expression of the finest, noblest, and we hope one of the most enduring, of those influences that have built up American life, made a thrill worth having.

A GROUP WHICH NEEDS OUR HELP

Miss Mary S. Gardner and the editor had the privilege of talking at length this summer in Paris with Mlle. Romanoff of the old Russian Red Cross. We were deeply impressed with the needs of this group of our fellow workers so moderately put in this account sent us by Mlle. Romanoff.

It must be understood that the Soviet Government and the Red Cross as it now exists in Russia assume no responsibility for these expatriated nurses. The old Russian Red Cross, members of which established themselves in Europe after the Revolution, has exhausted its funds.

Many of these women, willing but unable to find the work for which they were trained, are earning a precarious livelihood in manual labor poorly paid. Those unable to work live in an uncertainty and under conditions difficult for us in this favored land to visualize. The governments in the countries in which the expatriates sought refuge, have helped generously for years and can do so no longer.

So far as we know this is the only body of nurses in the world needing vitally—without possibility of finding it among their own—care, comfort and sympathetic help.

Contributions for this New Year Gift can be sent to
Ada M. Carr, Editor, Public Health Nurse,
National Organization for Public Health Nursing,
370 Seventh Avenue, New York, New York.

More than five years have passed since the events in Russia caused hundred thousands of Russians to leave Russia and seek shelter in foreign countries. Those who were eyewitnesses of the struggle for existence endured by these refugees have, I know, kept a feeling of profound respect for the people who chose to give up all and earn their living by hard labor sooner than forego their principles.

When in 1920 the Russian White Army, as well as all the medical institutions belonging to it, left Russia and found first shelter in Constantinople, Bulgaria, and Serbia, the Russian Red Cross, or sooner such members of its administration as had succeeded in escaping from Russia, immediately set to work to build up the working capacity of the organization, so that it might be able to continue its helpful service for the sick and wounded.

More than 1,500 nurses were registered among the refugees. Their condition was just as hard as that of all the others. They too had lost fatherland and fortune. Many whom duty forbade forsaking their hospitals were forced to leave their families behind in Russia. With the 10,000 sick and wounded evacuated with the army, work was at first so strenuous that it left the nurses no time to think of themselves.

A special committee was formed by the Central Administration of the Russian Red Cross. Grand Duchess Mary was chosen chairman. Nurses were placed in the still existing Russian medical institutions and in foreign hospitals.

The Russian committee worked energetically collecting funds for the relief of the staff of nurses. Its activity found sympathy and help among the National Red Crosses of different countries. The latter being acquainted with the high qualifications of the Russian Red Cross nurses, were always willing to help.

Gradually their conditions grew to be more bearable. It is now possible to state that for those nurses who have not lost their strength and have been able to find work in their own specialty, the worst years of hardship are at an end.

Those Unable to Work

But among the great number of nurses who left Russia there were many who were no more capable of working. Many of them have given all the best years of their strength to the Russian Red Cross, and therefore merit its special care. More than 260

aged or invalided nurses are looked after by the Committee. You can easily understand how hard the fate of a nurse is who, having entered the Red Cross nursing school 20–30 years ago, has given her strength and health in the service of the sick. And now that she is no more able to work, she suddenly finds herself lonely, homeless, in a foreign country the language of which she often does not understand. How difficult also is the position of a nurse, who having shared the dangers of the soldiers, has been wounded, is ill herself, but must still work to be able to live. She has no fatherland, no state institutions obliged to indemnify her.

To illustrate this I shall give this example out of many:

S. Morel belongs to a military family. After graduating from high school, she studied during three years at the Pedagogical College. When the war with Japan broke out in 1905, she left her studies, entered the special courses open to wartime nurses, and went immediately to the front, where she remained throughout the war. She returned to Petersburg and studied two years at the permanent school for nursing, receiving the title of certificated nurse of the Community of St. Eugenia. She married an officer, but continued her nursing, and when war was declared in 1914, she was sent to the front and made matron of an ambulance. In 1915 while working in the battle line she received a severe shell shock. Recovering from that she returned to the front and in 1917 was badly wounded in the chest and sent to the Caucasus to undergo treatment. Here she was overtaken by the revolution. When the White Army was organized she took an active part in organizing an ambulance in the regiment of which her husband was commander. Nursing the sick during an epidemic of typhus, she fell sick of the disease but even then did not desert her ambulance. She suffered a second shell shock in 1919, but returned to duty before she had completely recovered. Her husband was severely wounded and died in 1920. During the retreat of the White Army in Crimea she was again badly wounded and taken to Sebastopol nearly dying. As a result of this injury her right hand was paralyzed. After two years of suffering she finally reached France where she has been working for two years, receiving some help from the Committee. She ekes out her living by giving lessons, taking children for walks, etc. Since the "home" where she stayed free of charge has been closed, she must earn more.

She patiently bears her heavy cross alone; four of her brothers have been killed; of one no news is to be had; her aged mother died alone in Russia. Yet she is always ready to help those whose lot in still heavier than hers.

It is not the fault of the Russian nurses that events, the like of which have never been witnessed in human history, have deprived them of all, and that now, when old age and sickness force them to seek help, there is no fatherland for them, where they could find the well-deserved protection.

I should like to find words to touch the heart of the American nurses, for I am sure, that if they could realize the depth of need, they would respond not only in words, but in deeds.

Alexandra Romanoff

A LIST OF NURSES HOLDING EXECUTIVE POSITIONS IN STATES

Editor's Note.—This list includes Directors of Divisions of Nursing and Nurse Directors of Divisions of Child Hygiene of State Departments of Health; State Supervising Nurses for the American Red Cross and the National Tuberculosis Association; Presidents of State Organizations for Public Health Nursing and Chairmen of Sections on Public Health Nursing of State Graduate Nurses Associations.

This list has been checked in every way possible in our own office and with the help of the American Red Cross, the National Tuberculosis Association and State Departments of Health. Corrections or additions will be welcomed by the National Organization for Public Health Nursing. The last complete list was published in January, 1925.

State	Presidents of State Organizations for Public Health Nursing	Chairman of Sections on Public Health Nursing of State Graduate Nurses Associations	State Departments of Health	American Red Cross Nursing Field Representatives	State Tuberculosis Association Field Nurses
Alabama			Jessie L. Marriner, Director, Bureau of Child Hygiene and Public Health Nursing, State Board of Health, Montgomery	Mrs. Lydia K. King (*Washington Area*)	
Arizona		Nellie Wilcox, 515 North 6th Street, Phoenix, Ariz.			
Arkansas	Mrs. Nellie Coulson, Pulaski Co. T.B. Assn., Little Rock		Linnie Beauchamp, Supervisor of Nursing, Bureau of Child Hygiene, State Board of Health, Little Rock		
California	Mary Elizabeth Davis, Bureau of Child Hygiene, State Board of Health, San Francisco		Mary Elizabeth Davis, Supervising Nurse, Bureau of Child Hygiene, State Board of Health, 336 State Building, San Francisco	Edith Chaffee (*Pacific Branch*)	Mrs. Ethel D. Watts, Supervising Nurse, Cal. Tuberculosis Assn., 418 Griffith-Mackenzie Building, Fresno
Colorado		Lena Pecover, 1185 E. Colfax Ave., Denver, Colo.	Grace M. Smith, Director, Division of Child Hygiene and Public Health Nursing, Suite 424, State Office Building, Denver	Mary Pritchard (*Midwestern Branch*)	Mrs. Kathryn Boden, 305 Barth Building, Denver
Connecticut	Margaret Barrett, Bureau of Nursing, City Board of Health, New Haven		Margaret K. Stack, Director, Bureau of Public Health Nursing, State Department of Health, Hartford	Margaret K. Stack (*Washington Area*)	Margaret K. Stack, State Dept. of Health, Hartford
Delaware		Amy E. Wood, 228 French Street, Wilmington	Marie T. Lockwood, State Board of Health, Dover	Esther R. Entriken (*Washington Branch*)	

District of Columbia		Malinde Havey, American Red Cross, Washington, D. C.			
Florida		Joyce Ely, City Health Dept., Tampa, Fla.	Mrs. Laurie Jean Reid, Director, Bureau of Child Welfare, State Board of Health, Jacksonville	Mrs. Charlotte Heilman (*Washington Area*)	
Georgia	Anne L. Gallagher, Atlanta, Ga.		Anne L. Gallagher, Supervising Nurse, State Board of Health, Capitol Square, Atlanta	Mrs. Charlotte Heilman (*Washington Area*)	
Idaho		Mrs. S. J. Ewen, Department of Public Welfare, State Board of Health, Boise	Mrs. S. J. Ewen, Assistant Director, Department of Public Welfare, State Board of Health, Boise		Mrs. Frances M. Wann, Director of Nursing Activities, Idaho T. B. Assn., Boise City Nat'l Bank Bldg., Boise
Illinois		Mabel Dunlap, Moline Health Center Assn., Moline, Ill.	Mrs. Madge D. Reiseman, State Supervising Nurse, Bureau of Child Hygiene and Public Health Nursing, State Department of Health, Springfield	Rena Haig (*Midwestern Branch*)	
Indiana		Ina M. Gaskill, 1950 Ruckle Indianapolis	Isabel E. Glover, Director, Public Health Nursing, State Board of Health, 309 State House, Indianapolis	Mary M. Scantling (*Washington Area*)	Isabel E. Glover, Indianapolis
Iowa		Edith Holmstrom, Ames	Edith Countryman, Director, Public Health Nursing, Des Moines	Elizabeth G. Reynolds (*Midwestern Branch*) Lona L. Trott (*Midwestern Branch*)	Edith Countryman, Iowa T. B. Association, 518 Century Building, Des Moines
Kansas		Elizabeth Condell, 508 Riley Street, Atchison		Mary Pritchard (*Midwestern Branch*)	E. Amelia Johnson, 210 Crawford Bldg., Topeka
Kentucky	Florence Hauswald, State Board of Health, Louisville		Margaret L. East, Director, Bureau of Public Health Nursing, State Board of Health, Louisville	Katherine Faville (*Washington Area*)	Margaret L. East, Bureau of Public Health Nursing, State Board of Health, Louisville
Louisiana		Mary Pagaud, 419 Maison Blanche, New Orleans		Mrs. Lydia K. King (*Washington Area*)	

State	Presidents of State Organizations for Public Health Nursing	Chairman of Sections on Public Health Nursing of State Graduate Nurses Associations	State Departments of Health	American Red Cross Nursing Field Representatives	State Tuberculosis Association Field Nurses
Maine		Mrs. Theresa Anderson, 42 Elm Street, Bangor	Edith L. Soule, Director, Division of Public Health Nursing and Child Hygiene, State Department of Health, Augusta		Edith L. Soule, 318 Water Street, Augusta
Maryland	Lillian Kemp McDaniel, District Nursing Assn., Baltimore		C. Ethel Monroe, State Advisory Nurse, State Department of Health, Baltimore	Helen M. Erskine (*Washington Area*)	
Massachusetts		Laura Draper, Community Health Assn., Boston		Erna M. Kuhn (*Washington Area*) Marjory Stimson (*Washington Area*)	
Michigan		Elba Morse, Sandusky, Box 44	Mrs. Helen deSpelder Moore, Assistant Director, Bureau of Child Hygiene and Public Health Nursing, Department of Health, Lansing	Elba Morse, (*Midwestern Branch*)	Laura Bauch, Clinic Organizer, 535 S. Capitol Avenue, Lansing Roberta Foote, Child Health Nurse, 535 S. Capitol Avenue, Lansing
Minnesota	Ruth Houlton, Elk River		Olivia Peterson, Supt., Public Health Nursing, Division of Child Hygiene, State Department of Health, University Campus, Minneapolis	Olivia Peterson (*Midwestern Branch*)	
Mississippi		Mary D. Osborne, State Board of Health, Texas Bldg., Jackson	Mary D. Osborne, Supervisor, Public Health Nursing and Infant Hygiene, Bureau of Child Welfare, State Board of Health, Jackson	Mrs. Lydia K. King (*Washington Area*)	
Missouri		Pearl McIver, Director, Public Health Nursing, Division of Child Hygiene, State Board of Health, Jefferson City	Pearl McIver, Director, Public Health Nursing, Division of Child Hygiene, State Board of Health, Jefferson City		
Montana		Mrs. Ann K. Waring, R. F. D. 1, Acton			

Nebraska		Margaret McGreevy, American Red Cross, 1709 Washington Avenue, St. Louis, Mo.	Louise Murphy, 314 South 12th Street, Lincoln, Apt. 211, State Board of Health, Director of Child Hygiene Division	Margaret McGreevy (*Midwestern Branch*)	
Nevada				Edith Chaffee (*Pacific Branch*)	
New Hampshire		Myrtle Flanders, A. R. C. Representative, Concord, N. H.	Elena M. Crough, Supervising Nurse and Director, Division of Maternity, Infancy and Child Hygiene, State Board of Health, Concord	Myrtle Flanders (*Washington Area*)	Elena M. Crough, Supervising Nurse, State Board of Health, Concord
New Jersey	Helen Stephen, 65 Kenilworth Place, Orange		*Grace P. Remshard,* Assistant in Charge of Midwifery, Bureau of Child Hygiene, State Board of Health, Trenton *Alice F. Boyer,* Assistant in Charge of Administration, Bureau of Child Hygiene, State Board of Health, Trenton *Charlotte Mulchay,* Assistant in Charge of Nursing Activities, Bureau of Child Hygiene, State Board of Health, Trenton	Olive Meyer (*Washington Area*)	Mary Carter Nelson, State T. B. Assn., 9 Franklin Street, Newark
New Mexico	Bertha Lipps, Public Health Nurses Org., Los Lunas		Dorothy Anderson, Chief, Division of Child Hygiene and Public Health Nursing, Bureau of Public Health, Santa Fe	Mary Pritchard (*Midwestern Branch*)	
New York	Mrs. Marion T. Brockway, Metropolitan Life Ins. Co., 1 Madison Avenue, New York		Mathilde S. Kuhlman, Director, Division of Public Health Nursing, State Department of Health, Albany	Matilda Harris (*Washington Area*)	Frances H. Meyer (State field nurse, irrespective of New York City and Brooklyn, which have their own field nurse), New York Charities, 105 E. 22d Street, New York
North Carolina		Marion Edwards, City Health Department, Charlotte		Katherine Myers (*Washington Area*)	

State	Presidents of State Organizations for Public Health Nursing	Chairman of Sections on Public Health Nursing of State Graduate Nurses Associations	State Departments of Health	American Red Cross Nursing Field Representatives	State Tuberculosis Association Field Nurses
North Dakota			Molly Smith, State Board of Health, Bismarck		Edna Gaither, N. D. Tuberculosis Assn., Room 15, Haskins Bldg., Bismarck
Ohio		Marguerite E. Fagen, 2901 Vine Street, Cincinnati	Mrs. Zoe McCaleb, Acting Director, Division of Public Health Nursing, State Department of Health, Columbus	Clara Lodwick (*Washington Area*)	Anne M. Carlton, Field Service Nurse, Ohio T. B. Assn., 72 South Fourth Street, Columbus
Oklahoma	Mrs. Bertha Gist, 1916 N. Broadway, Oklahoma City		Luis G. Todd, Bureau of Maternity and Child Hygiene, Room 526, State Capitol, Oklahoma City		
Oregon	Mrs. Glendora M. Blakely, State Board of Health, Portland		Mrs. Glendora M. Blakely, State Advisory Nurse, Bureau of Public Health Nursing, State Board of Health, Portland		
Pennsylvania	Esther R. Entriken, 4030 Berry Avenue, Drexel Hill, Pa.		Alice M. O'Halloran, Director, Division of Nursing, Department of Health, Commonwealth of Pennsylvania, Harrisburg	Esther R. Entriken (*Washington Area*) Helen M. Erskine (*Washington Area*)	
Rhode Island	Annie Early, 72 Hilltop Avenue, Providence			Marjory Stimson (*Washington Area*)	Elizabeth Sumner, Public Health Nurse, R. I. T. B. Assn., 139 Mathewson Street, Providence
South Carolina		Laura Blackburn, State Board of Health, Columbia Bank Bldg., Columbia	Ada Taylor Graham, Director of the Bureau of Child Hygiene and Public Health Nursing, State Board of Health, Palmetto Bldg., Columbia	Katherine Myers (*Washington Area*)	
South Dakota		Edith Olson, Division of Child Hygiene, Waubay	Edith Olson, State Supervisor, Public Health Nursing Division of Child Hygiene, Waubay	Anna Louise Kinney (*Midwestern Branch*)	Merle Wilkin, Field Nurse, Public Health Association, Huron

Tennessee		Nell Grayson Taylor, State Department of Health, Nashville	Nell Grayson Taylor, Director, Public Health Nursing, State Department of Health, Nashville	Mrs. Lydia K. King (*Washington Area*)	
Texas	Annie Gabriel, Orange Co., A. R. C., Orange, Texas		L. Jane Duffy, State Supervising Nurse, Bureau of Child Hygiene, State Board of Health, Austin	Mary Kennedy (*Midwestern Branch*)	Mrs. May Fair, Texas Public Health Assn., 616 Littlefield Bldg., Austin
Utah	Mrs. Charlotte K. Harris, 2342 Adams Avenue, Ogden		Mrs. Ella Conover, Child Hygiene Division, State Board of Health, Salt Lake City	Maria Johnson (*Pacific Branch*)	
Vermont		Hattie E. Douglass, West Rutland	Harriet M. Gardner, State Board of Health, Headquarters, Box 483, St. Johnsbury, Promotion of the Welfare and Hygiene of Maternity and Infancy	Erna M. Kuhn (*Washington Area*)	Nellie M. Jones, Public Health Nurse, Brandon
Virginia		Nora Spencer Hamner, 1112 Capitol Street, Richmond	Nannie J. Minor, Director of Public Health Nursing, State Board of Health, Richmond	Alice Dugger (*Washington Area*)	Agnes D. Randolph, Bureau of Tuberculosis Education, State Board of Health, Richmond
Washington	Ella S. Erikson, State Board of Health, Seattle		Ella S. Erikson, State Advisory Nurse, Division of Child Hygiene, State Department of Health, Seattle		
West Virginia		Margaret Clancy, City Health Department, Charleston	Mrs. Jean T. Dillon, Director, Division of Child Hygiene and Public Health Nursing, State Department of Health, Charleston	Katherine Faville (*Washington Area*)	Elizabeth S. Arundale, Field Sec. and Field Public Health Nurse, W. Va. T. B. Assn., 910 Quarrier Street, Charleston
Wisconsin	Cecilia Evans, State Board of Health, Madison		Cecilia Evans, Director, Public Health Nursing, State Board of Health, Madison		Nellie Van Kooy, Nursing Director, Wisc. Anti-T. B. Assn., 558 Jefferson Street, Milwaukee
Wyoming					

SUPPLEMENTARY LIST

STATE CONSULTANTS OR SUPERVISORS OF SCHOOL NURSING

Connecticut	Mrs. Katherine Brownell, Assistant Health Director, Department of Education
Massachusetts	Vera H. Brooks, Consultant in School Nursing, Department of Health
	Florence E. Miller, Assistant Consultant in School Nursing
New Hampshire	Elizabeth Murphy, Supervisor of Health, Department of Education
New Jersey	Mrs. Charlotte Mulcahy, Assistant in Charge of Nursing Activities, Department of Health
New York	Beulah Gould, Supervisor of School Nurses, Department of Education
Pennsylvania	Anna L. Stanley, Supervisor of School Nursing, Department of Public Instruction

DIVISION DIRECTORS, AMERICAN RED CROSS PUBLIC HEALTH NURSING SERVICE

Director	*Division*
Mrs. Elsbeth H. Vaughan, A. R. C., 1709 Washington Street, St. Louis, Mo.	Midwestern
Dorothy Ledyard, Civic Auditorium, Larkin and Grove Streets, San Francisco, Calif.	Pacific
I. Malinde Havey, National Headquarters, A. R. C., Washington, D. C.	Washington

FEDERAL AND RED CROSS NURSING SERVICES

Major Julia C. Stimson	Superintendent of Army Nurse Corps, Dean, Army School of Nursing, Washington, D. C.
J. Beatrice Bowman	Superintendent of Navy Nurse Corps, Bureau of Medicine and Surgery, Navy Dept., Washington, D. C.
Lucy Minnigerode	Superintendent of Nurses, United States Public Health Service, Washington, D. C.
Mrs. Mary A. Hickey	Superintendent of Nurses, United States Veterans' Bureau, Washington, D. C.
Marie T. Phelan	Consulting Nurse, Maternity and Infancy Work, Dept. of Labor, Children's Bureau, Washington, D. C.
Elinor D. Gregg	Supervisor of Field Nurses and Field Matrons, United States Dept. of the Interior, Office of Indian Affairs, Washington, D. C.
Clara D. Noyes	National Director, Nursing Service, American Red Cross, Washington, D. C.
Elizabeth G. Fox	National Director, Public Health Nursing Service, American Red Cross, Washington, D. C.

METROPOLITAN LIFE INSURANCE COMPANY NURSING SUPERVISORS

MRS. HELEN C. LAMALLE, *Supt. of Nursing*
New York City

MISS MARGARET KEARNEY, *Ass't Supt.*
New York City

GENERAL

Supervisor	*Territory*
Alice Ahern, Asst. Supt.	Canadian
Alice C. Bagley, Asst. Supt.	Pacific Coast and British Columbia
Minnie H. P. Bridges	New England and N. Y. State
Carolyn M. Hidden	New Jersey and Pennsylvania
Mary Elizabeth Tennant	Arkansas, Iowa, Kansas, Missouri, Nebraska, Oklahoma, Tennessee
Mrs. Vera Warner MacVittie	Lower Michigan, Indiana, Ohio, part of West Virginia
Monica Moore	North and South Carolina, Virginia, Maryland, Delaware, Dist. of Columbia, Bluefield, W. Va.
Anna Barr	Alabama, Louisiana, Mississippi, Georgia and Florida
Matilda Johnson	Illinois; Kenosha, Wisconsin; Racine, Wisconsin
Mary J. Horn	Minnesota, Wisconsin (omit Kenosha and Racine), Upper Michigan
Sara O'Meara	Canadian
Ruth Waterbury	Group Nursing Supervisor

Local Supervisors

Teresa O'Neil	Long Island
Mary C. Dickerman	Jersey City, N. J.
Emma Habenicht	Atlanta, Ga.
Clara McNamara	Scranton, Pa.
Mrs. Beulah Osborne	Rochester, N. Y.
Emma B. Rocque	Montreal, Quebec, Canada
Helen D. Elder	Western Pennsylvania, headquarters at Pittsburgh
Irene L. Harris	Southern N. J. and Eastern Pennsylvania, headquarters at Camden, N. J.
Ellen Maynard	Salt Lake City
Loretta Self	San Francisco
Elizabeth Rohrbach	Los Angeles

COÖRDINATION OF NURSING SERVICE IN A SMALL CITY

In connection with our articles on "Amalgamation and Coördination of Public Health Nursing Services" we print this quotation from Section IV—A Proposed Plan for a City of 50,000 Population—in the "Health Survey of 86 Cities" recently published by the American Child Health Association.

It was shown in the chapter on Public Health Nursing of this report what a multitude of agencies and what a variety of combinations of agencies are providing public health nursing in the 86 surveyed cities. It does not seem possible to decide at this stage of the development of public health nursing which of the many agencies carrying some of the work could best assume the responsibility for a complete community nursing service. Even though the waste and inefficiency inherent in so many nursing units involving many nurses working without supervision is unquestioned, there would be no real value in proposing for all communities that all work be done by any given agency. It does not seem practicable when we know so well that individual differences are just as pronounced in communities as in men, and that probably no one proposal could include the advantages and exclude the disadvantages of the many possibilities. It is possible, however, to emphasize the need for coordinating the work now in existence in any given community so that a constructive plan for improving family health will be followed by all workers visiting the family. It seems practicable to suggest a consideration of the possibility of the development of a joint committee of representatives of each agency and of the general public, responsible for coordinating the nursing activities. It seems well also to emphasize the need for the health department to have some definite responsibility in connection with the administration of a service so essential to the discharge of its various responsibilities as is public health nursing, no matter by whom it is administered.

If the health department assumes responsibility for a part, although not all, of the nursing, then some plan might be devised for adjusting the division of work with the other agencies and for assuring a uniform quality for all public health nursing service. If the health department contracts with a voluntary agency for certain services, or subsidizes a voluntary agency to include certain activities in its program, it is well that the health department should have some definite connection with the administration of that service. This connection might be secured by membership on the board and committees of the voluntary agency, not only for the health officer but for some members of the board of health and for some members of the staff of the health department.

Direction of Nursing Service

Because any other plan presents too many possibilities to discuss, we are attempting in the following pages to consider how the nursing need in the community of 50,000 may be met by a staff working under the guidance of a single nurse director with nurse assistants for adequate supervision. This would be simple were one agency responsible for the complete public health nursing service. Where there are several agencies, each carrying the responsibility for a given phase of the service,

all might join in the support of one nurse director and assistants;

or

the health department might employ the director and her assistants, and the voluntary agencies (interpreting their services as supplementing the work of the health department) might recognize them as directors and supervisors of their services;

or

a joint committee or council might employ a nurse director and assistants to coordinate the work of its constituent members.

GROUP MEETINGS IN FLORIDA

By Katherine H. Holst

County Public Health Nurse, St. Johns County Welfare Federation, St. Augustine, Florida

LAST year the State Board of Health coöperated with the St. Johns County Welfare Federation in putting on an infant and pre-school clinic throughout the month of June. This year when the county nurse was again approached by the state board, a different program was adopted which was so arranged that the clinics were preceded by educational work in the hope that they would prove more effective. All the county workers—the nurse, the welfare worker, the nutritionist, the home demonstration agent and the farm agent—coöperated in putting on a program one day a week in three remote sections of the county. Supplementing these services was that rendered by the maternity and infant welfare nurse of the State Board of Health.

The first meeting in the community of Elkton was held with the home demonstration group which had already been organized by the home demonstration agent. Twenty-six to forty women attended each gathering, an excellent attendance for this community. The home demonstration agent presided. Talks were given by a representative of the State Board of Health, who spoke on the county nutritionist, the county nurse, and the county welfare worker. The home demonstration agent also gave a practical demonstration of preparation of milk and egg dishes. At the last meeting the physician who examined the infants and pre-school children also gave a talk to the mothers.

Music and Refreshments

The programs in the other communities visited were similar. They always included a story hour for the children while the grown-ups were listening to the papers. A portable victrola was taken along to provide entertainment. At the last meeting held in each community a prize—an aluminum double boiler—was awarded for perfect attendance. Booklets on health were distributed. At the close of each meeting refreshments were served. The Elkton mothers supplied their own, usually lemonade and sandwiches. In other instances ice was carried to the distant rural communities where it is unobtainable, and limeade and cookies were served to the women attending. Another time the use of Klim was demonstrated, since the family cow is almost unheard of in some communities. Sometimes the group brought lunch and had a picnic dinner under the trees. An attempt was made to arrange the program to conform with the tastes of each group visited.

Picturesque Switzerland

The meeting in Switzerland, the most rural part of the country, was the most fascinating and interesting of all. The roads leading to this community wind and turn, crossing and recrossing log roads through the timber land until it is almost impossible for one unacquainted with the route to find the little settlement on the bank of the St. John's river. But in this remote settlement there are a number of interesting and able citizens.

The meeting was held in the open. Seats for the women and children had been made from cracker boxes turned end up, and by actual count there were seventeen Fords drawn up in a semicircle around the little grove of black jack trees heavily festooned with Spanish moss.

In the gathering of about sixty persons, men, women and children, there were some strange contrasts. A college professor from Mississippi was seated next to a woman from the Isle of Minorca. After the program was finished, this same college professor organized the group into a permanent

association, which has asked the county nurse to give them a course in Home Hygiene and Care of the Sick in the fall. Recently one of this group wrote to the nurse saying that she was bringing her children in for correction of physical defects discovered at the examining clinic. She concluded her letter by saying:

> God bless you for coming to Switzerland and opening our eyes to the proper and right way of bringing up our children.

The general feeling of the county workers is that the group meeting is a very good way for county workers to coöperate, and is a far reaching influence, since the people of these isolated communities can not be expected to work together for a common good unless the county workers demonstrate the procedure. It is undoubtedly an expensive program, but in the rural sections the inhabitants attend in greater numbers than the presence of one worker could possibly attract.

The county superintendent of public instruction helped in many ways. He accompanied the county workers on their trips, as most of the meetings, except those in Elkton, were held in school buildings. His talks were illuminating and helped to cement a friendly feeling between communities and workers.

The same program was carried out for the colored people in the county. The colored nurse and the colored home demonstration agent worked together, assisted by the maternity and infancy nurse of the State Board of Health, who also instructed and examined the midwives. The same physician conducted the clinics.

The need for wider application of the great new health discoveries to the general practice of physicians and the public was pointed out by Dr. William H. Welch, dean of the School of Hygiene and Public Health of Johns Hopkins University, in the opening address of an important health conference held in New York City late in November. The participating agencies were the U. S. Public Health Service, the New York State and City Departments of Health, the Milbank Memorial Fund, the State Charities Aid Association and the New York State Tuberculosis and Health Association.

Saying that at the moment of great discoveries, such as that of the tubercle bacillus, insulin, or anti-toxin, "the world draws a long breath as if saying to itself, 'Now we are rid of that terror which has haunted the human race for centuries' and then straightway forgets, assuming that the great discovery or invention is being carried into effect," Dr. Welch continued:

> The actual facts are quite different. A few people, those of unusual initiative, or ample means, or who happen to be under the care of exceptionally alert physicians, or within the jurisdiction of exceptionally competent health officers, receive the benefits of the new discoveries, but the great mass of the human race goes on as before, and the death rate from the diseases is reduced slowly and over long periods of time.
>
> In fact, the health field has a woefully ineffective distribution service as compared with its marvelously effective production service in the laboratories of the world. We know how to do a lot of things which we don't do, or do on a wretchedly small scale.

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by THERESA KRAKER

These marginal illustrations were collected with the pencils and papers at the close of an interesting meeting held recently in relation to the proposed finance plan for increased corporate membership support. They show the general penchant for "figures."

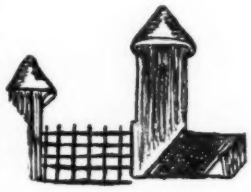
Under the provisions of that plan, as outlined in the folder "To Be or Not to Be," Article VI reads:

> Large Associations: The full dues of about a dozen city associations would amount to nearly $1,000, or over. This, doubtless, will seem out of all proportion to the material benefits which they receive. In this connection the committee wishes to make the following suggestion:
>
> That a special conference of such associations be called at which the following subjects might be discussed:
>
> 1. The greater implied obligation resting upon the larger associations to assist in the development of the weaker, and of the field as a whole. (This in itself returns a material indirect benefit: the work of even the strongest association is vitally effected by the quality and standards prevailing in other cities and the training of nurses recruited from those cities.)
> 2. An increase of and emphasis upon the direct services which are, or can be, rendered to such associations by the National.

Naturally the jump to $1,000 for services which have been received for a nominal membership fee of $25, when associations have difficulties in raising their own budgets, seems rather a staggering proposition. In the interest, therefore, of determining their responsibilities in this matter a special conference of these large associations was called, at which there were present representatives (in most instances—the Nurse Directors and Presidents of the Boards) from the associations in the following cities: New York, Brooklyn, Philadelphia, Pittsburgh, St. Louis, Detroit, Cleveland, Buffalo, Providence, New Haven and Boston.

Miss Fox, President of the N.O.P.H.N., opened the meeting with a brief expression of pleasure at having present so representative a group, and then called upon Miss Gardner of Providence for a short résumé of the history of the Organization.

Miss Gardner, who had been present at that first meeting thirteen years ago when the N.O.P.H.N. was organized, gave a delightfully picturesque and graphic account—first, of the very chaotic condition of the then new service known as Visiting Nursing, which was springing up about the country. She then spoke of the founding of the N.O.P.H.N. out of the need for some central clearing house of information and standard making body; of its early beginnings with one executive secretary and one stenographer; of its splendid war record, and of its subsequent enlarged service and efforts to meet ever increasing demands without a corresponding increase of financial support.



Mrs. Bolton, Chairman of the Finance Committee of the N.O.P.H.N.,

told of the several sources from which the Organization has secured its income in the past—memberships, voluntary contributions, grants from the foundations and earnings of the magazine. She added that the largest sources to date have been the foundations and voluntary contributions. The policies of the former preclude continuing appropriations to the annual support of any organization and the latter method of dependence upon voluntary contributions is neither secure, sound nor wise from a democratic point of view. Therefore, the plan for increased membership support was evolved and has been presented to our member associations.

Miss Fox then asked for discussion of the need of the large associations for the tangible and intangible services which the N.O.P.H.N. does and can render, in relation to this proposed plan.

It was generally conceded that in the matter of maintaining standards and giving recognition and standing to public health nursing in communities it was invaluable to have behind one the irrefutable fact of a National Organization. From the point of view of the large associations there was also stressed the value of the magazine, as a medium for the exchange and dissemination of ideas and experience; the educational and general research and statistical work of the organization, while in lessening degrees, the value of the advisory, library, vocational and field services. Most of the associations present felt that in the very nature of things these latter services would be of more value to the smaller associations.

It was brought out in a good many instances that perhaps the greatest value of the Organization is its potential value; that though we may not be consciously using it all the time, it is there when we need it—like a fire department or a police department, and it is hard to put a money value upon it.

There was considerable discussion, of course, on the matter of community chest and non-chest cities. Seven of the associations represented have already taken action upon the plan for 1926 and five of these are in community chest cities. It was brought out that the idea of local support to a national body is not new to community fund directors. Most other national organizations do now secure a large measure of their income from their local units and in percentages considerably larger than this full 1 per cent which is the goal of the N.O.P.H.N. plan. The community chests themselves contribute to their national organization on a percentage basis.

Throughout, the discussion was frank, constructive and productive of much mutual understanding, and at the conclusion of the meeting, with the understanding that it should in no wise commit the associations represented it was moved, seconded and voted

1. That this meeting go on record as feeling that the N.O.P.H.N. is essential to the welfare of public health nursing throughout the United States and is of value to the development of the work of local associations and that

2. In principle, this meeting believes that logically the main support of the organization should come from its membership, individual and corporate.

NOMINATIONS—A PLEA FOR YOUR HELP

The Nominating Committee asks for the help of every member of the N.O.P.H.N. The following officers are to be elected at the Biennial Meeting in Atlantic City:

President—to succeed Elizabeth G. Fox

First Vice-President—to succeed Grace L. Anderson

Second Vice-President—to succeed Jane Van de Vrede

Four non-nurse members of the Board to fill vacancies created by the expiration of the terms of office of:

Julia George, 1136 Eddy Street, San Francisco, Cal.
Mrs. Wm. H. Lee, 2020 Pillsbury Avenue, Minneapolis, Minn.
Gertrude H. Peabody, 13 Kirkland Street, Cambridge, Mass.
Alexander M. White, 14 Wall Street, New York, N. Y.

Five nurse members of the Board to fill vacancies created by the expiration of the terms of office of:

Ann Doyle, 1227 N. Gray Street, Baltimore, Maryland.
Cecilia A. Evans, Madison, Wisconsin.
Elnora E. Thomson, Salem, Oregon.
Katharine Tucker, 1340 Lombard Street, Philadelphia, Pa.

and by reason of her resignation,

Ella Phillips Crandall, 1 Madison Avenue, New York, N. Y.

Three members to serve on the Nominating Committee to prepare 1928 nominations.

Two names must be submitted for all these offices.

The Nominating Committee wishes to call the attention of each member to the duties and responsibilities which will devolve upon our President.

In considering suggestions for First Vice-President, will each member please remember that all the duties and responsibilities of the President may, in emergency fall upon the First Vice-President.

In considering suggestions for members to serve on the Board of Directors, will each member remember that those directors are her representatives and that they will decide for her all policies and problems between now and the next biennial meeting in 1928. Let the suggested candidates, therefore, be those who can bring a broad viewpoint and sound judgment to the solution of these problems.

The members of the Nominating Committee are:

Miss Helen Hartley, 131 East 19th Street, Portland, Oregon.
Miss Sara Place, 308 N. Michigan Avenue, Chicago, Ill.
Miss Alta E. Dines, c/o A. I. C. P., 105 E. 22nd Street, New York.
Miss Grace S. Frost, 2130 Madison Avenue, Toledo, Ohio.

ABBIE ROBERTS, *Chairman*
George Peabody College,
Nashville, Tennessee.

Please send suggestions of candidates for these offices to the Chairman of the Nominating Committee before February 15, 1926

SECOND SUPPLEMENTARY REPORT ON THE PROPOSED FINANCE PLAN

In addition to the 37 associations already listed in the October and November issues of the PUBLIC HEALTH NURSE the following associations have since reported action on the plan:

*Waterbury, Conn., V.N.A.	1/10 of 1%
Wilmington, Del., V.N.A.	1/10 of 1%
Washington, D. C., I.V.N.A.	1/4 of 1%
Lowell, Mass., Lowell Guild	1/10 of 1%
†Grand Rapids, Mich., V.N.A.	3/10 of 1%
St. Louis, Mo., V.N.A.	1/4 of 1%
New York, N. Y., Maternity Center Association	1/7 of 1%
†Elizabeth, N. J., V.N.A.	1/10 of 1%
New Brunswick, N. J., V.N.A.	1/10 of 1%
Easton, Pa., V.N.A.	Full 1%
†Lancaster, Pa., V.N.A.	3/10 of 1%
Wilkesbarre, Pa., V.N.A.	1/4 of 1%
Woonsocket, R. I., Public Health Nursing Association	1/10 of 1%

* Made retroactive for 1925.

† Increase not yet reported in terms of per cent of budget. This percentage computed from information on file in the National Office.

THE N.O.P.H.N. BIENNIAL MEETING

May 17–22, 1926

Atlantic City, New Jersey, will be held in conjunction with the American Health Congress.

Headquarters

The Breakers Hotel will be N.O.P.H.N. headquarters. This hotel is conveniently located on the boardwalk. Accommodations for 800 are available.

Reservations must be made directly with the hotel. Those making early reservations will have the choice of accommodations. Rates, from $8 to $12 without private bath and $15 to $24 with bath—American plan.

Transportation

The various trunk lines have granted a reduction of 25 per cent on the round trip, to all attending the Convention.

Exhibits

A section of the Arcade of the huge steel Pier will accommodate the Commercial and Educational Exhibits. Approximately 150 exhibitors will present information of material, scientific and educational nature.

Program

The *tentative* program features some outstanding subjects and speakers.

Four General Health Council sessions, when all participating organizations will come together, occur Monday and Friday evenings, Tuesday and Thursday afternoons.

Sir Arthur Newsholm, M.D., F.R.C.P., London
Dr. Norman White, League of Nations, Geneva, Switzerland
Dr. Geo. E. Vincent, President of the Rockefeller Foundation
Dr. Wm. Haggard, President American Medical Association
Dr. C.-E. A. Winslow, President American Public Health Association
Dr. Ray Lyman Wilbur, President Leland Stanford University, California
will be among the speakers at these four sessions.

It is hoped that the three National Nursing Organizations can arrange one joint session.

The business sessions of the three National Nursing Organizations will occur Monday, May 17, and Saturday, May 22, with the hours so arranged that there will not be overlapping—thus giving all members of the three nursing groups an opportunity to attend all the business sessions.

The four N.O.P.H.N. Sections are tentatively arranged as to following time to avoid overlapping of hours:

Tuesday, 9–11	Industrial Section
Tuesday, 11–1	Tuberculosis Section
Friday, 9–11	Child Hygiene Section
Friday, 11–1	School Nursing Section

Conference on Visiting Nursing, a Conference on Rural Nursing, and a Conference on Records are also planned.

A Meeting of Lay Members will be an important session.

Luncheon sessions for Course Directors and N.O.P.H.N. Education Committee, for State, Cities, Towns and Counties, Nurse School Supervisors, and for Chief Nurses in State Boards of Health have been requested.

It has been suggested that a very excellent opportunity is afforded at this time to bring together at a dinner meeting those nurse directors whose scope is national, regional, and state wide.

This entire tentative program will be submitted to N.O.P.H.N. Executive Committee for discussion and approval at its January meeting.

It has been possible to work out these subjects tentatively due to the fact that early in the fall the N.O.P.H.N. sent letters to 150 representative public health nurses in all parts of the country asking for suggestions for speakers and subjects for the Convention. One hundred replies giving many suggestions were received. One particular request was *not to crowd the program.* We are endeavoring to meet this majority request.

RED CROSS PUBLIC HEALTH NURSING

EDITED BY ELIZABETH G. FOX

FEW if any human institutions are free from the winnowing searchlight of criticism. The Red Cross in spite of its name, aim and symbol is no more exempt than are other organizations conceived with the idea of service—rightly so perhaps in some instances. But let this particular observer go on record as saying that it is impossible to "sit in" on any of the annual meetings of the Red Cross without an illuminating realization of the broad sweep and the continuity of its activities, the minute care given to every detail of their national and international services, the evident sincere desire for the best technical advice and, running like a silver thread through all the necessary efficiency measures, the preservation of the spirit of its symbol. Certainly this was the case at the meeting of the National Committee on Red Cross Nursing Service, representing ten members from each of the national nursing bodies, as well as the Surgeons General of the Government Medical Services, the Medical Director of the Veterans Bureau and the Directors of their respective Nursing Services, the Director of Red Cross Services and members of the Red Cross Central Committee, which met in the stately meeting room with its stained glass windows at national headquarters, Washington, D. C.

Enrollment Reports

A report of general enrollment with its interesting and significant figures brought out the fact that 300 more nurses were enrolled for the current than for the previous year. This is somewhat offset (though this information was cheerfully received) by the fact that marriage has withdrawn a larger number this year. The aim of the nursing service is to enroll from 150 to 200 each month. Classes in home hygiene claim 807 instructors.

A filing system which keeps accurate account of these somewhat peripatetic people is in itself an achievement.

The various branches of the service, such as Public Health Nursing, Home Hygiene and Care of the Sick, foreign nursing services and the Delano Red Cross Nurse Memorial Service, were presented, as well as services which affect the nursing service, such as the Nutrition Service.

The heads of the Government Nursing Services, because of the close relationship which exists between them and the Red Cross Nursing Service, gave interesting reports. A report of the Delano Memorial Committee was also read. In addition, the question of the disabled nurse was presented for discussion.

The Red Cross Nurse in disaster and the importance of a clear-cut plan of procedure for her utilization at such times was discussed.

It is by the way perhaps not generally known that Miss Olive Chapman, formerly Director of Nursing of the Southwestern Division in St. Louis, who was sent as supervisor of the nursing service at the onset of the tri-state disaster to Murphysboro, with a group of nurses, is still there with a force of nurses caring for the aftermath of that appalling calamity.

Itinerant Service

That the Red Cross is not merely looking out for what is known as "big business" was brought out by reports of the developing "itinerant" service given through several of its activities, home hygiene, public health nursing and nutrition. One acquired a lively picture of these cheerful "tramp"

nurses and nutritionists "stimulating" (yes we have to use that poor misused word) communities and passing along—often with demands for their return the following year.

Instead of a formal report of the Delano Nursing Service abstracts were read from letters from the nurses in those outposts of civilization, providing one of those rare and satisfying thrills which, once in a long while, proudly justify all we expect and claim for the art and science of nursing. Not more spectacular perhaps than public health nursing in *all* remote places—but in these (as Miss Delano wished) the most neglected and lonely spots of our boasted civilization there seems a special glow of achievement and romance—a throwback to that spirit of the pioneer, which sustained under every peril and hardship the vanishing American "settler."

If this report and that of the disaster service could be transmuted into something of absolutely graphic nature it would refute once and for all that ever recurring bugbear "the over educated nurse." If the terrific responsibilities thrown upon nurses in disaster and in isolated regions *could* be visualized we should indeed despair of ever cramming into a bare three years of "basic" training, and one of special preparation, training and "larnin'" enough to fit her for all the varied burdens which will fall upon her.

Several questions of importance to the nursing group were discussed and suggestions made. The question of maintaining present standards for nurse enrolment established by the Red Cross. Miss Minnegerode of the U. S. Public Health Service and Mrs. Hickey of the Veterans Bureau Nursing Service spoke urgently of the necessity of keeping up the standard.

In connection with maintenance of standards, paragraph A in the pamphlet *Information for Nurses Desiring to Enroll with the American Red Cross* was questioned. It was suggested by the committee that the sentence in this paragraph relating to post graduate work to supplement deficiencies of training which reads "Subsequent training and experience in Public Health Nursing is not generally accepted as an equivalent" be changed to read "Subsequent training or experience in Public Health Nursing may also be accepted by the National Committee as an equivalent."

Mrs. Isabelle Baker on Home Hygiene reported that the Text Book had been enlarged to meet the growing demand for knowledge about mother and baby and the preschool child. This service now holds as we know a definite place on the educational program of very many schools in all parts of the country and has far outgrown its early stage of "nurse aides." The question was brought up of departing from a rigid requirement of hours in these school courses and adapting both material and time to the special needs of grade schools, high schools and colleges. The substitution of certification cards instead of the somewhat too imposing certificate at present in use was also discussed.

A more effective standard of the technique for the utilization of competent nursing service in disaster was discussed together with the difficulties and complexities of the terrific responsibilities nurses must shoulder in disaster emergencies. It was brought out that two types of nurses are needed in disaster:

Those experienced in hospital administration
Public health nurses

Also that the surgical, medical, sanitary and hygienic consequences of disaster are immediate and urgent, and should be as wisely anticipated in plans for the nursing service as possible.

Recommendations made by the National Nursing Committee to cover these points were adopted for presentation later to the Central Committee.

A. M. C.

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING SERVICES

We begin in this number the discussion of a number of problems of rural nursing services. We hope that nurses engaged in rural work will contribute to the discussion of any one or all of the questions as outlined.

1. How can nurses in rural communities arrange a workable schedule for a year's service? How much time should be allowed in such a schedule for emergency calls and how should this time be distributed?
2. Are the nurses in rural communities obtaining the best results possible where the major portion of their time is devoted to school nursing?
3. How do nurses in rural communities plan their work in strictly pioneer fields in order to gain the interest and support of the community at large?
4. How can annual meetings of public health nursing services in counties and small towns be planned so as to interest the public and attract a good audience?
5. What practical methods have been used to obtain standing orders in counties and small towns? Should not nurses in rural communities have standing orders, even if the amount of bedside nursing they are able to do is small?
6. How can it be arranged to have nurses in city staffs obtain experience in dealing with committees and public agencies so as to prepare them to handle problems and organizations in rural communities?
7. What types of publicity have been most successful in maintaining the support of counties and small towns in public health nursing services?

Question 1. *How can nurses in rural communities arrange a workable schedule for a year's service? How much time should be allowed in such a schedule for emergency calls and how should this time be distributed?*

The health officer should first be visited by the nurse and asked for suggestions *re* the year's schedule of work most essential to his community. If this is an initial service a survey should first be made with special emphasis on maternal and infant mortality, and tuberculosis. The school medical inspector should be visited for advice *re* the type of work most needed in schools if this is a combined service. Apportionment of time will depend upon the territory to be covered; the mode of transportation; the coöperation of the community; the response from the medical profession (to the extent of frequent calls on the nurse); whether or not an office is provided; whether or not clinics and child hygiene stations have been established or otherwise; and the type of work most needed to be carried on.

Only after these have been determined can a year's schedule be arranged, and time allowed for emergency calls. In the event of epidemics the whole schedule may again have to be changed, and the nurse's entire time given to the control and prevention of communicable disease.—*Division of Public Health Nursing, Department of Health, Albany, New York.*

A working schedule for rural nurses should be based upon the district plan. If the nurse has an entire county as her field, she would do well to divide the territory into four districts, according to the size of the county, and the transportation facilities. There are two possible ways of arranging a schedule for covering each of these four districts with the maximum efficiency.

(1) If the county is large, and the transportation facilities are difficult, the nurse will probably find it best to leave her headquarters Monday morning and spend the entire week in a district, returning to headquarters on Friday. In this way each of the four districts will have one week a month of her time.

(2) If the county is comparatively small, and transportation is of average character, one day a week may be given to each district. This will leave a fifth day free for any extra services which may be needed in any part of the county. The sixth day, or Saturday, may be given over to office hours in the morning, and a half day off in the afternoon.

By having an extra day the schedule has the elasticity and flexibility which it needs because of the possibility of emergency situations arising in any part of the county, which might upset the schedule. I have always found that this extra day provides ample leeway for emergency calls.—*Jane C. Allen, Instructor, Department Nursing Education, Teachers College, Columbia University, New York.*

Question 2. *Are the nurses in rural communities obtaining the best results possible where the major portion of their time is devoted to school nursing?*

The best results in a rural community can only be obtained where a nurse can give an equal amount of her time to maternity, infancy, pre-school nursing and school nursing (during the school session). Three-quarters of her time might well be taken up by these two services leaving one-quarter for general work such as tuberculosis nursing and demonstration of bedside nursing. If considerable time is given to the pre-school service it should lessen the need for corrective work after the child comes into the school.

If the rural service covers a county or a considerable part of it, a general duty nurse could only give to school service time to assist the school medical examiner with inspections of children and follow-up in the homes to secure corrections, with occasional health habits talks in each of the schools and assistance in control and prevention of communicable disease when it exists.—*Division of Public Health Nursing, Department of Health, Albany, New York.*

Nurses in rural communities, where the work is pioneer, find that it does pay to devote the major portion of their time to school nursing. No better point of entry in the establishment of a new piece of work has yet been found in rural communities, but where the work is well established, it would seem that it is unwise to allow the school nursing to absorb the major share of the nurse's time.

It has for some time seemed to me that a rural nurse should gradually and consistently "unload" the greater part of the work, within the school itself, upon the teacher, the nurse acting largely in the capacity of an expert consultant to the teacher, in respect to the school health program, and being free to give most of her time to work in the homes and child welfare stations.—*Jane C. Allen, Instructor, Department of Nursing Education, Teachers College, Columbia University, New York.*

Question 3. *How do nurses in rural communities plan their work in strictly pioneer fields in order to gain the interest and support of the community at large?*

To secure interest and support in this work nurses in pioneer fields in rural communities should at the beginning of their work visit all health officers, physicians, clergymen, school superintendents, county board of supervisors, superintendent of poor, all organizations existing in the community including granges, home bureau clubs, church organizations, etc., and tell of her work, and what those interested can do to help to make it a successful service. Nursing committees should be organized and public meetings held occasionally, inviting speakers either local or outside.

It is possible to secure free of charge lecturers on different health subjects from the state and local health departments, Education Department, State Hospital Commission, State Commission for Mental Defectives and from other organizations doing statewide health work. Moving picture films on health subjects are also sometimes loaned at such meetings. The nurse herself should always be prepared to tell simply of the work which has been accomplished during her service. Interesting narratives may be related (omitting names of persons and places) and she should tell what she hopes to accomplish and how the public may help to make the service valuable.—*Division of Public Health Nursing, Department of Health, Albany, New York.*

I think it has been pretty generally demonstrated that the best way to secure interest and support in the community, in strictly pioneer rural nursing, is to initiate a school health program, looking forward to turning the work within the school itself over, for the most part, to the teachers, and concentrate on home visitation and organized group work, such as clinics, child health consultations, mothers' clubs, etc.—*Jane C. Allen, Instructor, Department of Nursing Education, Teachers College, Columbia University, New York.*

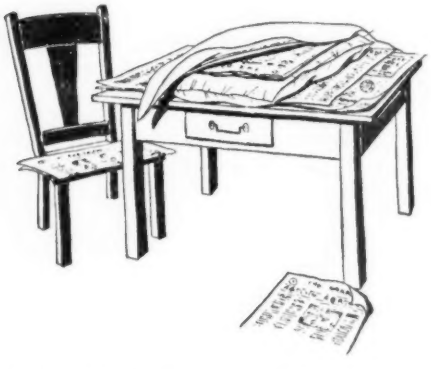
Question 4. *How can annual meetings of public health nursing services in counties and small towns be planned so as to interest the public and attract a good audience?*

Annual meetings may be made interesting by having speakers of note and moving pictures on health subjects. An interesting report of the year's work prepared by the nurse will be of value. Members of the committee representing different parts of the city or county could report on what has been done in their section, with a short résumé of work planned for the coming year. Luncheon or dinner meetings are often successful with five or ten minute talks on health.—*Division of Public Health Nursing, Department of Health, Albany, New York.*

I have always found that the most successful annual meeting of county public health associations was brought about by arranging a luncheon, with an outstanding speaker on the program. The plan adopted depends a good deal upon the distances which the people have come, and upon the means for transportation. In one isolated county in the far west a picnic dinner was arranged to immediately precede the annual business meeting. This proved very successful.—*Jane C. Allen, Instructor, Department of Nursing Education, Teachers College, Columbia University, New York.*

VISITING NURSES AND NEWSPAPERS

"Have you any newspapers?" is the question which invariably follows the salutation of every visiting nurse, according to an article, now available in reprint form, written by Marion D. Kirkcaldy, Supervisor



with the Visiting Nurse Association of Chicago. This recital of the almost unbelievably many uses for the newspaper in home nursing originated as the result of a request from Italy for such an article. Investigation by the Association proved that there was no article on the subject in print or reprint. Miss Kirkcaldy supplied the deficiency, a friend of the Association made the illustrations, for which two of the nurses posed, and another friend paid for the printing. Copies of the article may be obtained as long as the supply lasts from the Association, at 104 South Michigan Avenue, Chicago, Illinois.

Newspapers first come into use when the nurse arranges them on the seat and back of a kitchen chair, on which she then places her bag and coat, the insides of the coat to be folded together.

The author goes on to explain that in the various exigencies of caring for the newborn baby and its mother, the patient suffering from a profuse discharge from nose or mouth, or one whose surgical dressings must be renewed in these and a dozen similar instances, the newspaper plays a stellar rôle. And she reminds us that there are countless other ways in which they can be used. For the lonely and the shut-in, a daily newspaper helps in keeping them in touch with outside interests. Restless youngsters can be kept quiet for hours if given a pair of blunt scissors and a bunch of newspapers. Numerous folks have learned to read through the daily paper; housewives could relate untold uses for it, while the majority of us would be lost without it.

NEWS NOTES

Miss Nan L. Dorsey, from 1918 to 1925 Director of the Visiting Nurse Association of Pittsburgh, Pennsylvania, has joined the staff of the League of Red Cross Societies in London. Miss Dorsey, who went to London in 1924 to take the International Public Health Nursing Course, will be in charge of the Students' Home, 15 Manchester Square, as assistant to Mrs. Maynard Carter, Director of Studies.

Miss Florence A. Wagner has been appointed Red Cross nursing representative for Kansas and Missouri. Miss Wagner, who served with the Mansfield, Ohio, Child Health Demonstration, also spent a summer doing public health nursing in Newfoundland with the International Grenfell Association.

Miss Luciele A. Withers has been assigned to similar service with the Red Cross, for the states of Arkansas and Oklahoma. Included in her nursing experience is service in China as a missionary for the Woman's American Baptist Foreign Missionary Society. She also spent two years training nurses in Kitzany and Canton, and did dispensary work in Ung Keng and Chong.

JOINT COMMITTEE ON GRADING NURSING SCHOOLS

On November 4th the permanent Committee for the Grading of Nursing Schools met at National Nurses Headquarters in New York. Dr. Darrach from the American Medical Association was chosen as Chairman of the Committee at this time. The membership of the Committee at present is:

The National League of Nursing Education:
Miss Elizabeth Burgess, Assistant Professor of Nursing Education, Teachers College, Columbia University.
Miss Laura R. Logan, Dean, Illinois Training School for Nurses, Chicago, Illinois.

The American Nurses' Association:
Miss Helen Wood, Director, University School of Nursing, Rochester, New York.
Miss Susan Francis, Superintendent, Children's Hospital, Philadelphia, Pennsylvania.

The National Organization for Public Health Nursing:
Miss Katharine Tucker, Director, Instructive Visiting Nurse Association, Philadelphia, Pennsylvania.
Miss Gertrude E. Hodgman, Educational Secretary, N.O.P.H.N., 370 Seventh Avenue, New York City.

The American Medical Association:
Dr. William Darrach, Dean, College of Physicians and Surgeons, Columbia University, New York.
(Alternate) Dr. Winford Smith, Superintendent, Johns Hopkins Hospital, Baltimore, Maryland.

The American College of Surgeons:
Dr. Malcolm MacEachern, Associate Director, American College of Surgeons, 40 East Erie Street, Chicago, Illinois.
(Alternate) Dr. Allen Craig, Associate Director, American College of Surgeons, 40 East Erie Street, Chicago, Illinois.

The American Hospital Association:
Dr. S. S. Goldwater, Superintendent Mt. Sinai Hospital, New York City.
(Alternate) Dr. William H. Walsh, Executive Secretary, American Hospital Association, 22 East Ontario Street, Chicago, Illinois.

The American Public Health Association:
Dr. C.-E. A. Winslow, Professor, Public Health, Yale University, New Haven, Connecticut.
(Alternate) Dr. Lee Frankel, Vice President, Metropolitan Life Insurance Co., New York City.

The Public and Educators:
Mrs. Chester Bolton, Cleveland, Ohio.
Dr. Henry Suzzallo, President, Wash-

ington University, Seattle, Washington.
Dr. E. A. FitzPatrick, Dean of Graduate School of Marquette University, Milwaukee, Wisconsin.
Dr. Samuel Capen, Chancellor, Buffalo University, Buffalo, New York.

NOTES FROM THE STATES

Florida

The Florida State Nurses Association held an interesting and enthusiastic meeting in Daytona, with an attendance of 125, November 16 and 17. There are now 81 public health nurses in the state as compared with a total of 18 last year. The program of the section on public health nursing included:

The Value of Public Health Nursing in the Schools, George W. Marks; Community Help in a Public Health Program, Miss Elizabeth Woodson; Building up a Public Health Nursing Program, Mrs. Belle Wagner; Public Health Nursing from the National Viewpoint, Miss Frances V. Brink.

There was some discussion at the meeting of the work that is being done in tourist camps. This work is supervised by the State Board of Health nurses and the control of communicable disease is emphasized.

Georgia

The nineteenth annual meeting of the Georgia State Nurses Association was held in Augusta, November 23–25. The program was well planned and well received by the 250 nurses in attendance.

The Public Health Nursing section presented the following program:

Industrial Nursing, Miss Beulah Carrington, discussion by Miss Emma Habenicht and Miss Mary Mackenzie Smith; Lactic Acid Milk, Dr. W. A. Mulherin, Clinical Professor of Pediatrics, Medical Department, University of Georgia; discussion by Miss Anne Hellner and Mrs. Isadore Herrman (special emphasis was placed throughout the discussion upon the value and necessity of public health nurses teaching the feeding, or the preparation of the food, *in the homes*); Tuberculosis, Miss Madeline McGinley, discussion by Miss Agnes Campbell; address on the progress of public health nursing in the past twenty-five years, Miss Frances V. Brink.

At the business session of the Public Health Nursing section, it was voted to disband the section and organize an S.O.P.H.N. for Georgia. This organization has applied for affiliation as a branch of the N.O.P.H.N. There are 125 public health nurses in Georgia and it is hoped to enlist them all in the S.O.P.H.N.

Pennsylvania

The Pennsylvania State Organization for Public Health Nursing held its second annual convention in joint session with the State Graduate Nurses Association and the State League of Nursing Education in Williamsport, October 29, 1925, Miss Netta Ford presiding.

The day was started by a breakfast meeting of the Board of Directors at 7:30 A.M.

An important matter was brought before the convention; *i.e.*, the appointing of representation on a committee composed of three members from each of the three state nursing organizations to take up the subject of university courses for nurses. It was voted to have representation on this committee and the Board of Directors will appoint the members to serve.

At the round table on Prenatal and Maternity care, the following speakers and subjects were presented:

Dr. Charles J. Barone, Associate Professor of Obstetrics, University of Pittsburgh, on The Hospital's Function in Such a Program; Miss Hazel Corbin, Maternity Center Association, New York City, on The Public Health Aspect; Dr. John Nutt and Dr. Charles Lehman, Williamsport, The Medical Practitioner; Miss Esther R. Entriken, Nursing Field Representative of the American Red Cross, The Problem in the Rural Field; Dr. Mary Riggs Noble, Chief, Division of Preschool, Dept. of Health, What the State Is Doing.

Miss Charley, a nurse from England, gave a comprehensive account of